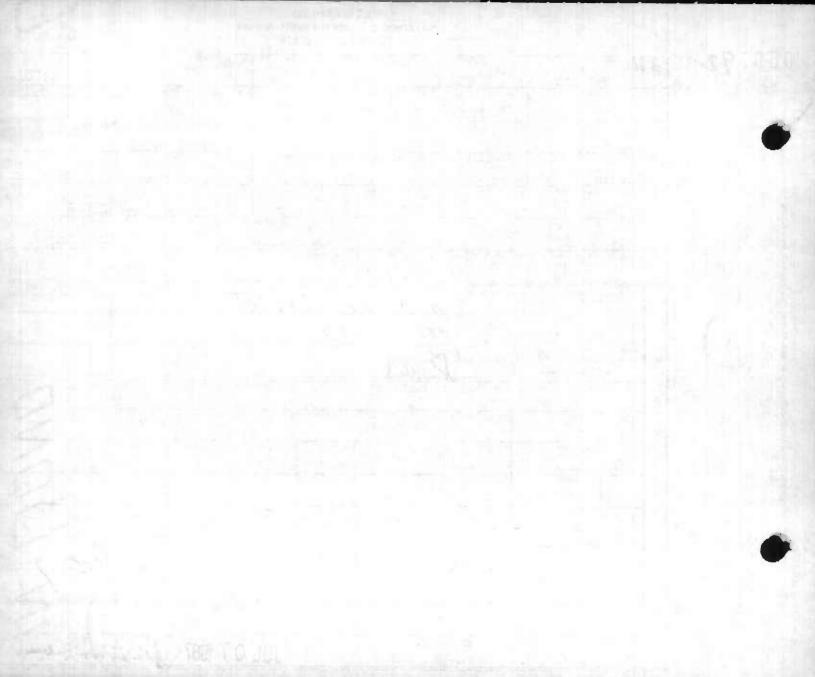
				STATE OF MARYLAND			
0.50	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTA		Medical I	
	ii.	REGISTRAR		CERTIFICATE OF DEATH	8 /REG.	NO. 2 0	0 0
m 5		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH		EAR 26. HOUR
tar, page 3		CHRISTOB	AL Kito	BACA		7 14 8	7 10 4 4
Ter of	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST		
ge 4		M	HISPANIC 1	MONTH DAY YES	ma 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YRS	DAYS HOURS MIN.
ol dir		RTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WHAT COUNTRY	MARRIED A NEVER MARRIE	9 BALTIMORE CITY	OR COUNTY OF DEAT	Н
her death		ew Mexico	USA	WIDOWED DIVORCE	1 100	DRI	MD.
the fu	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTIO	12a USUAL OCCUPA		ND OF BUSINESS OR
2 A A		IARFORD	FALLSTON	GENERAL	Vice fres.		Cycle
5 E 9 9	USU 13a.	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		ITS? 13e STREET ADDRES	S / 7IP CODE	1
filled hauld b		MD /	HARY Edgen		a lateral file	IAC CT.	21040
vithir etely 12 sh	14. F	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAID	ENNAME		
w pe ond ond	3	ATILAND	BACA	RAFEI		Trus	si Ilo
d co		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADD	DRESS	21040
n and c Poges		NKNOWN	525-74	1300 Priscill	A BACA 3	3008 Lil	IAC CT
ficote bohysicia		18 CAUSE OF DEATH (Enter on	ly ane cause per line for (a) (b) or	nd ici)	4	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
p phy		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a)	rarae H	sser		
th certification of corbon or region of corporation			DUE TO, OR AS A CONSEQU	ENCE OF			
e death ce attendin move carb nation, ar troumd		Conditions, if any, which	(16)				
£ 40 5 5		gave rise to immediate couse (0), stoting the	DUE TO, OR AS A CONSEQU	ENCE OF			
s that ed by t please riol, cre or ath		underlying cause last	(c)				
gned gned puri burn ly, o	~	PART 2 OTHER SIGNIFICANT	ONDITAINS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CO	ONDITION GIVEN IN PAI	RT Ira
require	CERTIFICATION	Coronary	Herry	Isean	Probably		
A GE & G	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPS ?	20b IF YES, WERE FI	
The la icion.	RTIF				YES NO	YES 🗌	NO 🗌
SICIAN: The physicion of physicion of certificate in indifferential Hygie entol Hygie item 18 sha		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 216 HOW INJURY C	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I OR PAR	ET 2)
SICIA ng ph certifi irial-tr entol	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19			
Hy Sir di N	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR	TOWN COUNT	TY STATE
O # a # a s	-	MHILE NOT WHILE AT WORK					
7			al) attended the deceased fram.		, ta		, that (I) (we) last
RECTOR RECTOR ned for unterpt of H		sow the deceased alive an obove, (I) (we) (did) (did ==	wiew the body after death.		pinian death accurred on the	date and hour and fran	n the causes stated
0 0 0 0 0 7		27E SIGNATURE	FAI MADI	DEGREE IA A JA ATTEND	ING MEDICAL ST	TAFF 22c. D	DATI SIGNED
ITAL by th RAL deta deta NT: I		1	2PV CO COL	PHYSIC			719787
		224 PHYSICIAN'S NAME (TYPE O		22e ADDRESS	20-0 005	SUITE 101	MD 2105
to HOS etinined TO FUN thould be MPORT		HORUZ	NARAMA	12 000	AHIB DR.	FORBST	THILL
The Control of	23a. l	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMA	TORY 236 LOCATION	COUNTY	STATE
BP	6	BUTIAL	11-18-87 5			umner.	NEW Mexic
DHMH - 16 60M 7/84	24 FI	MANE ROWN	1206 ADDRESS	- 4	So. DATE RECO. PAREGISTRA	AR 25b. P. GIDTRADE SAG	NATURA CARLO
(VRA 15, 4)	N	H C MIDNA	1700 W.	North Ave	JUL DO		4



	11	FOR		DI		TEALTH AND MENT				2 2	
	1,	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	H 52 /	REZ NO	30	1 0	
058797	1.00	SED NAME FIR	ST	MIDDLE	10 75	LAST	20 D	ATE OF DEATH MO	YAG HIM	YEAR	2b. HOUR
e 7 ±	100	Sylveste	r	NMN	Во	nd		(7 06	87	1:00AM
0 000	3.50		4 RACE	141114		OF BIRTH	6 AG	E (IN YEARS LAST BIRTHD		ER I YEAR	IF UNDER 24 HRS
0 1 1		Malo	811 3	White	MONT 1			75	MONTHS	DAYS	HOURS MIN
B 10	10"	Male		N OF WHAT COL	INTRY? 8		9 BA	LTIMORE CITY OR	COUNTY OF D	EATH	
1 1 1 X		COUNTRY)			MARRIE	DXXNEVER MARRIE					
8 11 td	10.0	Mary land		SA E OF HOSPITAL	WIDOW	DIVORCE OR OTHER INSTITUTION		Harford Co	unty 12b	KINDO	F BUSINESS OR
. 1 11 2	V		(IF NO	T IN SUCH FACILITY, GI	VE STREET ADDRESS)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(TYPE	OF WORK FOR MOST OF W	ORKING LIFE) IN	DUSTRY	xaminer
02 1 22		allston JAL RESIDENCE (IF NURSING H	Fall	ston Ger	eral Hos	pital	I De	ept. of Mo	otor Vel	<u>a.</u> E	xantiner
2 11 2	C like	STATE 13b	COUNTY	13c CITY C	RTOWN	134 INSIDE CITY LIM		TREET ADDRESS			
4 1 1 12			Harford	Bel	ALL	YES NO	4	44 E. Bro	adway 4	11014	ί
1 19/1	1	ATHER'S NAME FIRST	WIDDIE	L	AST	15 MOTHER'S MAID		WIDDLE		LAST	
¥ 2 45/4×	81	Caleb		Bor		Chris	tina			ohlfi	Ing
ORE des		WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IFY	S. ARMED FOR ES, GIVE WAR OR DA	TES? 16b SOCI	AL SECURITY NO	17 INFORMANT	- ,	ADDRESS			
* * * * * * * * * * * * * * * * * * *		no		216 (3 7955	Evelyn B	ond (wi	fe) same			
A STATE OF THE STA		18 CAUSE OF DEATH IE	iter only one cou	se per line for a	ib, and ic					BETWEEN	MATE INTERVAL ONSET AND DEATH
The state of the s		PART I. DEATH WAS O	EDIATE CAUSE	10) (1	val a	e an	PROX				
Z S			DUE	TO, OR AS A	SECUENCE DE	-ch					
IS I WILL		Conditions, if ony, wh	ch ((b)	200	10			16.11	4.11	
E 4 70元		gave rise to immedia		TO, OR AS TO	NSEQUENTE OF						
¥ 2 0000		underlying cause la	st.	(c)	10						
2 1 111 2		PART 2. OTHER SIGNIFIC	ANT CONDITIO	NS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO TH	E TERMINAL D	ISEASE OR CONDI	ION GIVEN IN	PART 11a	3
MDS and	Q.	Die De d									
9 11112	CERTIFICAT	190 DATE OF OPERATION	19b (CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200		NOL IF YES, WER		
7 7 101	/ 1						YE	S NO	YES [CAUSES	NO [
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 8	21a. ACCIDENT WAS UNDERLY		ME OF INJURY	TH DAY YEAR	21c. HOW INJURY O	OCCURRED (E	NTER NATURE OF INJURY I	N ITEM 18, PART 1 OF	R PART 2)	
A CAST	/ ₹	OR CONTRIBUTING CAUSE	OFDEATH	P.M.	IN DAY TEAR	1					
S S S S S S S S S S S S S S S S S S S	MEDICAL	21d INJURY OCCURRED	21e. P	LACE OF INJURY		21f LOCATION		CITY OR TOWN		UNTY	- LINES
N Contraction	E	WHILE NOT WHILE	(AT HO	DME, STREET, FACTORY	OFFICE, FARM, ETC.)	SIREET		CITY OR TOWN	CO	UNIT	STATE
2 4 4 5 6 E		220.1 certify that (1) (this		ded the deceased	from Juni	200 19	87		. 19		that (I) (we) ast
NT STA		saw the deceased of above, (Ma on W	V3	19.87	nd that in (my (aur))	pinion death	occurred on the date			
A SEWELL		22b. SIGNATURE	did not: wew the	mady after death		DEGREE			4	2-DAIC	SIGNED
0 1 0 3 0 1		6	1	111	. 1	ATTEND		DICAL STAFF	K	1/	
A Special Comments		22d. PHYSICIAN' NAME	THE CHAMINES		/0	220 ADDRESS	LIAN [] DIRE	CTOR PHYSICIA	N D	1	-
O HOSPIT flowed by O Flower Model be in the Sta						010 7			1 0		201076
04 54 4 8-	22.	DUDIN COTAL TION OF	Lee, M		In NAME OF			ve. Havre	de Gra	ce,	MD 210/8
-	230	BURIAL, CREMATION, REM			Oak Law	CEMETERY OR CREMA	TORY 23	Baltimor	COUNT	Y	Md. STATE
ВР	24.4	DURLAL)/87			Sa DATE DEC'	D_BY REGISTRAR 25			
DHMH - 16 60M 1/75 (VR A 15 (4))	24 1	USCHIMONEK F				2	IIII A		ulia Dani		
(VK A 13 (4))		9705 Belair	Rd., Ba	alto. Md	. 21236		JOFA	1 1001 - 19	wha plant	W.V.	

STATE OF MARYLAND



0180	JUI 2	2 SE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE REG. No. 0	0 1 9
n. Page 4 may be all director page 3. Pours ofter death		ECEASED NAME FIRST PE OR PRINT) MANUEL X	MIDDLE H	Brady 15. DATE OF BIRTH	20 DATE OF DEATH MONTH	12 87 16 HOUR 14 HRS
director hours ofte		Female SIRTHPLACE (STATE OR FOREIGN	White 76 CITIZEN OF WHAT COUN	July 21 1908	78 YRS	Y OF DEATH
ne funeral of within 72 h	35	Maryland ITY OR TOWN OF DEATH	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED WIDOWED DIVORCED WIDOWED WIDOWED	110 -1	126 KIND OF BUSINESS C
hin 24 hours oft ly filled in by the should be filled ner must be matter		JAL RESIDENCE (UNURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE	emorial Kospial BEFORE ADMISSION) JOWN 134 INSIDE CITY LIMITS?	School Jeacher	youd haphen
completely fill. T and 2 shoul		ATHER'S NAME	MIDDLE,	phn YEST NO 15. MOTHER'S MAIDEN N Welin		#=1/4
Poges medic		WAS DECEASED EVER IN U.S. AR		SECURITY NO. 17 INFORMANT	ADDRESS Extrer, Port Depor	it, Maryland.
ng physicion bon papers. removal.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIAT	nly one couse per line for 10), (b D BY: TE CAUSE (o)	etral hemons	iage	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
s that the death ce is by the attending place remove carb red cremation, or real		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF	U	
hos her table per table box any table box any table box	CERTIFICATION	PART 2 OTHER SIGNIFICANT	N. GIble	STO PEATH BUT NOT RELATED TO THE TE	200 AUTOPSY? 206. IF YE	SS, WERE FINDINGS USED IFYING CAUSES OF DEATH?
rysicians The ding physicia s certificate buriol-tronsit Mental Hygie or tem 18 sha	MEDICAL CERT	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	DAY YEAR 19 21f LOCATION	JRRED (ENTER NATURE OF INJURY IN ITEM 18	
OR ATTENDING PHer hospital or ottender DIRECTOR. After the school of the other of Health and few 21 is marked at	W	WHILE AT WORK 720-1 certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no 27b. SIGNATURE		rom 6/18 19 8		, 19, that (It (we))
HOSPITAL sined by th FUNERAL sould be deter the Stote PORTANT: I	i	224 PHYSICIANS NAME IN A Brin	ay 7 - 9	ATTENDING PHYSICIAN 220 ADDRESS SOUTH	MEDICAL STAFF DIRECTOR PHYSICIAN D	7/12/8- re de Marie A
Bb To of	22a	BURIAL CREMATION, REMOVAL	July 15, 198	130 NAME OF CEMETERY OR CREMATOR Hopewell Cemetery	Port Deposit,	ecil, Marylan

1 1

2	1	FOR STATE			DEPA		EALTH AND ME		NE			
TID AUG	15	TEGISTRAR				CERTIF	ICATE OF DEA	ATH	8 /	REG. NO. 2	0 6	2.0
	I. DE	CEASED NAME	FIRST	31 T	MIDDLE		AST		20. DATE OF DE	нтиом НТА	DAY YEAR	26 HOUR
may be page 3 ter death	(117)		Sue	Lo	ouise	Bre	idenbar	ugh	Ju	ly 18,	, 1987	5:30
pod bod	3. SE			4 RACE		S. DATE (AGE (IN YEAR	LAST BIRTHDAY)	MONTHS BAYS	
e 4		Fema	le	Cano	casian	Marc	h 21.	1911	76	YR		HOURS MIN.
Pog		RTHPLACE (STAT		-	OF WHAT COUNTR	Y2 8					NTY OF DEATH	
C 2 3 3	100	COUNTRY) Iarvlan	d	U.	S.A.	WIDOWI	D INEVER MA	RCED	H	arfor	3	M
de the		ITY OR TOWN OF	-	11. NAME	OF HOSPITAL, NUR	SING HOME			12a USUAL OC	CUPATION	126. KIND	OF BUSINESS O
by the full led with	JE	rretts	ville	3821	Norrist Norrist	reet ADDRESS)	Road		House	RMOST OF WORKIN		ome
e in b	UsU	AL RESIDENCE (IF	NURSING HOME O	OR OTHER INSTITUT	TION, GIVE RESIDENCE BE	FORE ADMISSION)			-			21084
Pale 155	I	state Iarylan	d Hari		Jarret	tsvill		10 🔟	3821 N	orris	ville E	
impletely ond 2 s	14. F.	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S N			NIDDLE		AST
Idwo of Call		Walte:		F.	Cypul		Dor				Was	stler
Pages Pages medical		WAS DECEASED E		RMED FORCE		CURITY NO.	17 INFORMANT	ī		ADDRESS		
Pag.		No			217-20	0-1221	John	C. Br	eidenk	augh	same	as abo
nding physici carbon-popper de removal. afte event, th			H WAS CAUS	ATE CAUSE (0	O, OR AS A CONSE		2 40	1500	MEIE	T.		
dea de		Conditions, if		(tb	Cen	cu i	1700	lu	ug.		-	
es that the death			tating the	DUE TO	O, OR AS A CONSE	QUENCE OF			/			
Then plants to but njury, n	N O	PART 2. OTHER	SIGNIFICANT	CONDITION	S CONTRIBUTING 1	TO DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE C	R CONDITION	GIVEN IN PART	lto:
no. permit. permit. sne prior	CERTIFICATION	190. DATE OF OP	ERATION	19b CO	INDITION FOR WH	ICH OPERATIO	N WAS PERFORA	MED	200 AUTOPS		YES, WERE FIND RTIFYING CAUSE YES []	
nysicio ransit Hygie	H H	210. ACCIDENT WA			AE OF INJURY		21c. HOW INJU	JRY OCCURRE	D (ENTER NATUR	E OF INJURY IN ITEM	TB PART I OR PART 2))
physici gertificate rical-transi ental Hygi them 18 sh		OR CONTRIBUTING		LAIR	P.M.	DAY YEAR						
ding ding	MEDICAL	21d INJURY OC		21e PLA	ACE OF INJURY		211 LOCATION	1		ITY OR TOWN	COUNTY	STATE
the the word and and wed	X	WHILE NO	OT WHILE	(ATHOM	E, STREET, FACTORY, OFFI	CE FARM, ETC.)	STREET			III OK IOWIG	00.411	JIMIL
Aft of th				oital) attende	d the deceased fro	m		19	to		19	, that (I) (we) la
intelligence of the state of th	П.	saw the de	ceased alive a	n_	1		nd that in (my) (a	ur) apinion d	eath occurred a	n the date and	hour and from th	ne couses stated
RECT RECT red fo ept. of rem 2	1	22b. SIGNATURE	ve) (did) (did n	ou vigweithe b	ody other geath.		DEGREE				22c DA1	TE SIGNED
0 . 0 . 0 .		/ <	1	you	Uh.		ATT PH	TENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN	7	122/8
Sta AN	1	22d. PHYSICIAN	S NAME_(TYPE	chemit)			22e ADDRESS	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
FUN PORT		1 1A7	VD	80	MER	MILLE	1400	LENI		HAV	RE DE	SPA
0 € 5 € ¥ ₹		BURIAL, CREMATI	ON, REMOVA				EMETERY OR CR		23d. LOCATIO	TOWN	COUNTY	STATE
BP		Bu	rial	7/2	1/1987	Bel A	r Mem.		Bel	Air	Harfo:	
HMH - 16 60M 7/84	24 F	UNERAL DIRECTO			ADDRE	\$5		JUL	REC'D. BY PEC	STRAR 256. REG	GISTRARESIGN	ACAMBrane.
(VRA 15, 4)	M	. Gladd	en Ku	rtz	Jarret	tsvill	e, Md.	JOL				

STATE OF MARYLAND

Edit Tell light bulle seams out

The second of the second secon

the first on an install the state of the sta

And the second s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH 76 HOUR (TYPE OR PRINT) death rances 3. SEX 4. RACE IF UNDER TYEAR IF UNDER 24 HRS & AGE (IN YEARS LAST BIRTHOAY) 10 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Harford larvland WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ruffs Bel Air Nurse Nursing 21014 13b COUNTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Harford Bel Air Ruffs arviand NO IX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST MIDDLE LAST EIRST Jack am India Brown Long ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT [YES, NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES) NO Brown above same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Cell CANCEL PRESTON ST. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? per NO YES [NO [and Mental Hygier 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDIC AL EXAMINER) PM 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET morked NOT WHILE WHILE AT WORK 220 (certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (and opinion death occurred on the date and hour and from the couses stated 40 above, (Huwe) (did not) view the body after death DEGREE 22¢ DATE SIGNED 4 ATTENDING! MEDICAL FUNERAL DIRECTOR PHYSICIAN MPORTANT 77d PHYSTGIAN'S NAME 27e ADDRESS should by 0 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) CITY OR TOWN Thomas BP Run Cemeter 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Benjamin Kurtz Jarrettsville (VRA 15, 4)

Prostage a

5.00

CTICH HE VICES COLUMN ..

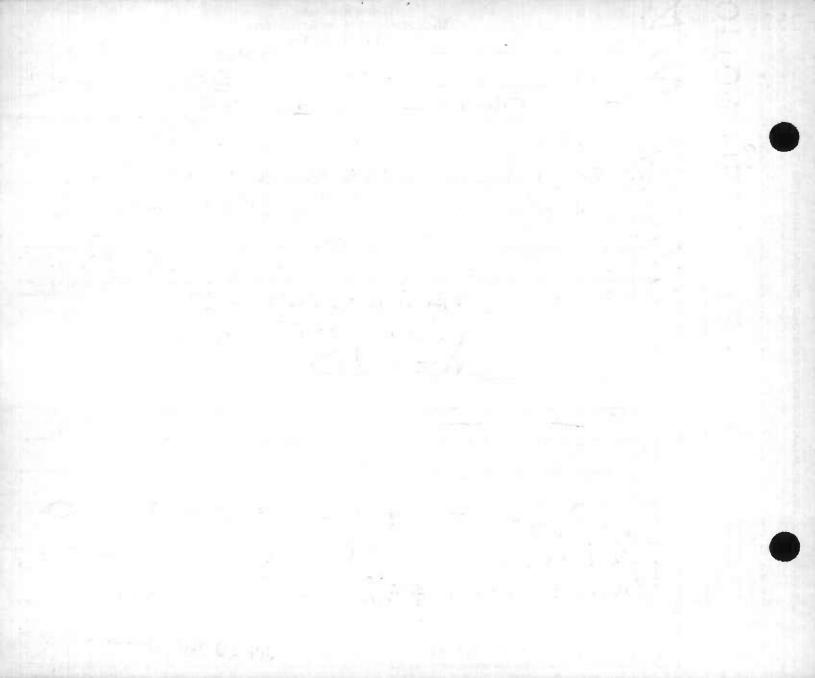
25

VICE S

and the

JAY .	4.	-	STATE REGISTRAR	ru 15,1	*11mG633 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 G Q 5								2	2 2			
1699	AUG -5	147	CEASED NAME	David	Curr	MIDDLE			unnell	9	20	DATE KI	ESTI-	MONTH		7	2b HOUR
PLEASE RECTOR. R FILES.	STREET	3 SE)		ACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YE	ARS IF UI	VDER 1 YR.	IF UNDER 24	4 HRS 2c.	DATE		MONTH 7/	25/14	YEAR	24 HOUE 8:15
CESSAR WERALD WILLIAM	Sept C	7a. BI	RTHPLACE (STATE OF REIGN COUNTY A LA	hite s,Texas	Jan.29,					VER MARRIED		BALTIMO		OR COUN	NTY OF DE	9 87 ATH	a M
AV 5 NE DTHE FUR PAGE 5	22		arvland TY OR TOWN OF D Fallst		U.S.A. 11. NAME OF HO (IF NOT IN SUCHE Fallst	ACILITY, GIVES	RSING HOMI	, -	ER INSTITUT	DIVORCED	2a USUAL	OCCUPA T OF WORKI	ATION (T	Count	126. KINE OR I	D OF BUS	Υ
ANY DEL	5	13a. S	AL RESIDENCE (IF IN	NURSING HOME C	OR OTHER INSTITUTION, C	13c. CITY			13d. INSIDE CI		Je STREET	ADDRES	S		2101		ruers
EATH F	120	14. F/	ATHER'S NAME FIRST	Arl	MIDDLE		LAST	A	15. MOTHE	R'S MAIDEN IRST Beu	NAME	Maxi			idson	ST	
ALTIMO AFTER D SIVE PAGE TH FORM	VISION O	160 V (Y	VAS DECEASED EV ES. NO. OR UNKNOWN)	ER IN U.S. AR/	WED FORCES? WAR OR DATES)		-46-31		17. INFORM				ADDRES		Idle		Rd.
DIVISION OF VITAL RECORDS, 201 W PRESTON ST. S CERTIFICATE SHOULD BE EXECUTED WITHER ALTON SRITING THE WORD "PENDING" IN PENCIL EARLY SHOWN OF THE MEDICAL E	SIAL-TRANSIT PERMIT D MENTAL HYGIENE, D ON, OR REMOVAL		Conditions, i	IMMEDIA ¹ In ony, which o immediate ing the <u>under</u> -	DUE TO, O	R AS A CON		OF	t Wour	nd of C	Chest	(uns	spec.	ified		EN ONSET	NIEWYAL AND DEATH
D BE EXEC ENDING" MEDICAL	OSED AS A BURIAL OF HEALTH AND ME JRIAL, CREMATION	TION	PART 2 OTNER SIGNIFICATION OF A DATE OF OPE		CONTRIBUTING TO DEATH		TED TO THE TERM				Lra.						
VITAL I	BURIAL,	CERTIFICATION	210. EXTERNAL CA		21b. TIME C		WHICH OPEN			OCCURRED	- FAITER AVAIL	105.05 11111			YE	TOPSY?	NO 🗆
RTIFICATI	DEPARTMENT OF PRIOR TO BUR	MEDICAL CE	UNDERLYING ECONTRIBUTING	OR CAUSE OF DURRED	HOUR A./	M. MONTH	DAY YEAR 25/19 8	7 s		flicte					ART 2)		
= ₹₹	244	ME	WHILE AT WORK AT			home		407		wild F	Ra.,	Bel A	Air,	Harf	ord C	20.,	Md.
CAL EXAMINER: THE CERTIFICAT SHOULD BE FOR	TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		22a I certify th death resulted fr ACTUAL SIGNATURE		e of the remains de	Accident		Autop	TITLE (SI		Undeterm		ner	and in my o], DATE SIGN		7/26	5/87
TO MEDI EXECUTE PAGE 4	BALLED	23n B	EXAMINER'S NAM (TYPE OR PRINT) URIAL, CREMATION	Mar	garita A.		11, M.		ADDRESS	DRY I	11 Pe	TION					
07/84 BP		24. F	Cremat	ion	7-28-1987	We	stview	Crem	natory	25a. DATE REG	West	'iew		Baltin		Md	•
DHMH (VR A15		E.	- Lassahn	,11750	BelairŘď.	Kings	ville,	Md.2	1087	JUL 3	3 () R	301	Jula	Divid	- Man		

00000	lin	0.72				STAT	E OF MARYLAND					
19338 111	15	FOR - STATE			DEPA	RTMENT OF I	EALTH AND MENTA	AL HYGIENE				
		REGISTRAR				CERTIF	ICATE OF DEATH	1 0	REG. NO.	2 0	6	2 5
773			FIRST		MIDDLE		AST	2a. DAT	E OF DEATH ME	ONTH DAY	YEAR	2b HOUR .
moy be page 3	(TYPI	OR PRINT) MA	RY		m.	Bui	PDICK	7/	8/87			3/1
4 moy ar. pag ofter de	3. SE			RACE	Λ	5. DATE (DAY YEA	AR .	(IN YEARS LAST BIRTHO	MON	NDER TYEAR	IF UNDER 24 HRS
oge irect		•				((242	3, 6		YRS.		
d thoo	HC. B	RTHPLACE (STATE OR FOR	Ark.	U.S.	WHAT COUNT A.	RY? 8. MARRIE WIDOWI	D NEVER MARRIE	D - /	MORE CITY OR	COUNTY OF	DEATH	
ofter d	10. C	TY OR TOWN OF DEATH	111		HOSPITAL, NU	RSING HOME	OR OTHER INSTITUTIO	ON 12a. USU (TYPE OF	AL OCCUPATION		12b. KIND OF	BUSINESSO
S 20 00 00 00 00 00 00 00 00 00 00 00 00		ALLSION	/	ALL	SION	GENT	AL HOS	PITAK HOI	me maker		Home	
24 hau	13a. :	AL RESIDENCE (IF NURSING STATE 13	Harf		13c. CITY OR T Bel Ai	OWN	13d INSIDE CITY LIM	AITS? 13e.STRE	et address / z 6 Cedarw	rip code	210	1/1
E 4/5		ATHER'S NAME	Hall	oru	I DET YT	- T	15. MOTHER'S MAID		J CCGGIW	000 01	• 210	14
pa All		rgil	MID	DLE	Moss		Hazel		WIDDLE	Go	lden	
d co		VAS DECEASED EVER IN			166. SOCIAL S	ECURITY NO.	17. INFORMANT		ADDRESS	1506	Cedari	wood Di
be execu		YES, NO OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES)	266-26	5-0006	Mr. Bruce	e H. Bur	dick,Bel		ld. 210	014
ysicio per per th	1	18 CAUSE OF DEATH (Enter only o	one couse per	line for 10) (b	ond (c).1	N (100	7		APPROXIM BETWEEN O	NATE INTERVAL
phy snopsemp			MEDIATE C		6141	501 84	e M	C P O 5	DV			
ding orbo					R AS CONSE	OLIENCE OF						
death attend ove co ritian, o		Conditions, if ony, w	hich ((b)	1321	Lie	100	Lan	20_			
that the death ce d by the attendin leose remove corb ial, crematian, or-ior atter troumotic		gave rise to immed	liate	DUE 70 0	A A COLLOR	01/51/05 05	10					
by tose r			lost.	DUE TO, O	R AS A CONSE	QUENCEOF	113					
quires the signed the please to burial injury, or night.		PART 2. OTHER SIGNIF	ICANT CON	NDITIONS CO	ONTRIBUTING	TO DEATH 8UT	NOT RELATED TO TH	IE TERMINAL DISI	EASE OR CONDIT	TION GIVEN	IN PART Ito	
The	CERTIFICATION											
aw rmit pric	3	190. DATE OF OPERATIO	И	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a A	UTOPSY2 2	Ob. IF YES, W	ERE FINDIN	GS USED
he l hos t pe	E							YES [YES []	NO [
3 PHYSICIAN: Trending physicistending physicisten this certificate the buriol-transition and Mental Hygisted	Ü	21a. ACCIDENT WAS UNDER		21b. TIME C		DAY VEAD	21c. HOW INJURY C	OCCURRED (ENTE	R NATURE OF INJURY I	N ITEM 18 PART I	ORPART 2)	
SICIA ng ph certifi uriol-tr	¥	OR CONTRIBUTING CAU			M. MONTH M.	DAY YEAR	1					
ding ding Me	MEDICAL	21d. INJURY OCCURRED		21e PLACE	OF INJURY		21f LOCATION					1000
G Ph otten ord and ked	ž	WHILE NOT WHILE		(AT HOME, STI	REET, FACTORY, OFF	ICE, FARM ETC)	STREET		CITY OR TOWN		COUNTY	STATE
NDING P I ar otter R: After th use as the tealth and		AT WORK AT WORK	- k k-D			11-	<u></u>	Pat.	BONO	0 10		
TTEND TOR: for uss of Hea		220.1 certify the (1) the		griended in	e decensed fro		nd that in (my) (our) a	to_	7			(1) (he) lo
ATTI OSPII DECT defo defo m 2		obove, (I) (we) (did	(did not)	iew the body	ofter death.			pinion decim deci	area on me gole	OHU HOUT OH		
O HOSPITAL OR AT etonined by the hasp TO FUNERAL DIRECTANDED to the control of th		HI SIGNATURE	H	ein	cer	N	ATTEND PHYSIC	ING MEDIC	AL STAFF	NIT	22c. DATE S	BY -8.
O HOSPITAL etoined by the TO FUNERAL should be detromined with the Stote MPORTANT:		724 PHYSICIAN'S NAM	TYPE OF PR	INT)		ferite	172e ADDRESS	Eso An				
to Hospi etoined b To Funer shauld be with the St		16 object	41	lar	(AK	DAUTO	1 Bel	Aug J		1011		
Of Of Why	23n F	BURIAL, CREMATION, RE	MOVAL	23b. DATE	1	30 NAME OF C	EMETERY OR CREMA		OCATION	10,00	<u> </u>	
BP	134	SPEC(FY)							CITY OR TOWN	و و د دادا	YTAUC	STATE
DF	24 FI	Burial JNERAL DIRECTOR		July 1	1,1987	KIAGI. F	Bend Cem.	We DATE DECID	sterly	Wasni	TIUCON	.Co.R.I
DHMH - 16 60M 7/84		F.Ľässahn,1	1750B	elairR	d.Kinne	%ille M	d.21087	III 1	O 1987	" KENTELLER	Cananaga	KE Variable
(VRA 15, 4)	h- 0	· · Lussuillig I	- / / 00	OTUTII/	COLTINGS	· v + + + + + + 9 *	4 - 4 100/	JUL	2 1001	_		



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

ales o o dessels of tiller ales Potts the similar to the same that the same o of I

60217 JUL	22	RATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE REG. N	0625
moy be poge 3 er deoth		EASED NAME FIRST OR PRINT) HOLD		. C	Tark		July 16, 1987 4 AM
oge 4 urs oft		Fettale	unite unite			6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
death. Pe	WE	RTHPLACE (STATE OR FOREIGN OUNTRY) ST VIRGINIA TY OR TOWN OF DEATH	76. CITIZEN OF WHAT C	MARRIE			R COUNTY OF DEATH MD.
1 1166	Ma	UNA de Grace	11. NAME OF HOSPITA	GIVE STREET ADDRESS)	al Hospital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWIFE	F WORKING LIFE) INDUSTRY
31,35	13a. S	TATE 136 COL	JNTY 131.CIT	YORTOWN I'VE de Graci	13d. INSIDE CITY LIMITS? YES 🔯 NO 🗌	13e.STREET ADDRESS	ZIP CODE Street 21078
1 2010		OELMAR	MIDDLE	WILFONG	15. MOTHER'S MAIDEN NAM FIRST MAMIE	WIDDIE	STARKEY
e be execution ond colors. Poges		VAS DECEASED EVER IN U.S. A ES. NO OR UNKNOWN) (IF YES. O NO 18 CAUSE OF DEATH (Enter of	GIVE WAR OR DATES) 212	-32-45 70	17. INFORMANT ETHEL J. CRESWEL	L, 107 SENECA	AVE., HdG, MD. 21078
NG PHYSICIAN: The low requires that the death certificate be executed in the death certificate be executed by the ottending physicion. The his certification for the places remove corbonopers. Pages and believe the additional the manual than the purpose remove corbonopers. Pages and the business that death of the purpose the purpose that the purpose that the purpose the purpose that the purpose the purpose that the purpose that the purpose the purpose the purpose that the purpose that the purpose the purpose that the purpose the purpose the purpose the purpose that the purpose the pu	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A C	ONSEQUENCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN PART 1:0
on. Institution	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO X	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
G PHYSICIAN: The Afferding physicion properties of the busicity ond Menol His ked or item 18	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE DAT WORK AT WORK	EATH HOUR A.M. MC	DNTH DAY YEAR 19 RY	211 LOCATION STREET	ED (ENTER NATURE OF INJUR	
R ATTENDIA hospitol or RECTOR: A red for use spt. of Heal		22a.1 certify that (I) (this has	- I	19.871, or	d that in (my) (our) opinion d	eoth occurred on the do	that (I) (we) lost the and hour and from the couses stated
TO HOSPITAL O etoined by the TO FUNERAL DI should be detoch with the Store De MAPORTANT; If h		220 PHYSICIAN'S NAME (TYPE	OR PRINT)	un	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF	
BP	23a B	URIAL, CREMATION, REMOVA PECIFY) BURIAL	20 JULY 1987		EMETERY OR CREMATORY MEMORIAL GARDENS		RFORD COUNTY, MARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)		NERAL DIRECTOR CHELL FUNERAL HOM	E PA, HAVRE de	ADDRESS GRACE, MD. 2	250. DATE	REC'D. BY REGISTRAR	Julia Davidor Company

50 W. Brondway & Williams St

PSEL ATT, MAMINING 21014

- STATE

JOSEPH WILLIAM FOSTET

merville Froles

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATU

YES [

COUNTY

77c DATE SIGNET

IE UNDER TYEAR

INDUSTRY

IE UNDER 24 HRS

17h, KIND OF BUSINESS OR

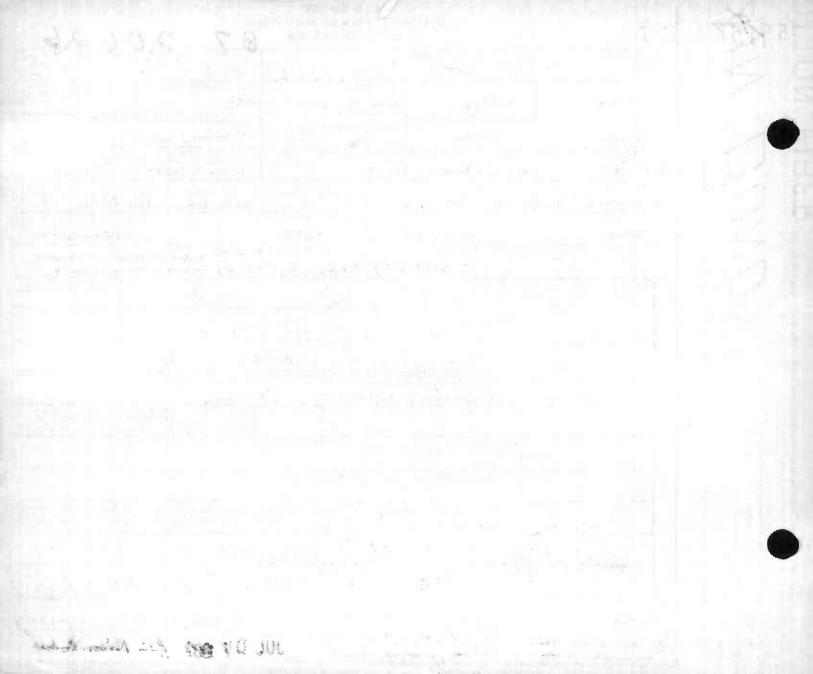
NOF

STATE

that (I) (we) last

u.s. Gout.

WhitAKET



S. DATE OF BIR MONTH MARRIED WIDOWED GROOT ADDRESS) TOUR CONTROL OF THE CONTROL	NEVER MARRI NEVER MARRI NORC DIVORC NOTHER INSTITUTION INFORMANT ROGET C: TAWADIC CARCUA	20 DATE 20 DATE 120 DATE	ADDRESS Hitching	IZE KIND OF INDUSTRY Res. ODE CAPPROXIMATION OF THE PROXIMATION OF TH	Md
S. DATE OF BIR MONTH B. MARRIED WIDOWED GO TO THE CONTROL OF STANDARD STAN	NEVER MARRI NEVER MARRI NO NOTHER INSTITUTION NO MOTHER'S MAIL	VEAR 20 9 BALTIN CED 9 BALTIN CED 120. USUA (ITYPE OF W Wai IMITS? 130. STREE (02 IDEN NAME DATE STOUSE, 228	NYEARS LAST BIRTHDAY) LATYRS HORE CITY OR COUN HARF IL OCCUPATION ORK FOR MOST OF WORKING T ADDRESS / ZIP CO MIDDLE ADDRESS Hitching	IF UNDER I YEAR MONTHS DAYS ITY OF DEATH ORD CO., ITY OF DEATH ORD CO., ITAL KIND OF INDUSTRY Res: ODE CAPPROXID APPROXID BETWEEN 2 3	F BUSINESS C tauran
S. DATE OF BIR MONTH B. MARRIED WIDOWED GO TO THE CONTROL OF STANDARD STAN	NEVER MARRI NEVER MARRI NO NOTHER INSTITUTION NO MOTHER'S MAIL	YEAR 20 RIED 9 BALTIM CED 120. USUA (TYPE OF W Wai IMITS? 130.STREE 02 IDEN NAME STOUSE, 228 CE SOMA	LT YRS NORE CITY OR COUN HARF L OCCUPATION ORK FOR MOST OF WORKING T ADDRESS / ZIP CO MIDDLE ADDRESS Hitching	IF UNDER I YEAR MONTHS DAYS ITY OF DEATH ORD CO. GUES 126 KIND OF INDUSTRY Res. DE CAST APPROXIMATE A	F BUSINESS M F BUSINESS M T Md Belai MATE INTERVAL
MONTH MARRIED WIDOWED TO THE MODERN TO THE	NEVER MARRI NEVER MARRI NORC DIVORC NOTHER INSTITUTION INFORMANT ROGET C: TAWADIC CARCUA	YEAR 20 RIED 9 BALTIM CED 120. USUA (TYPE OF W Wai IMITS? 130.STREE 02 IDEN NAME STOUSE, 228 CE SOMA	LT YRS NORE CITY OR COUN HARF L OCCUPATION ORK FOR MOST OF WORKING T ADDRESS / ZIP CO MIDDLE ADDRESS Hitching	MONTHS DAYS ITY OF DEATH ORD CO. GIVE INDUSTRY Res: DE CA SYMOO Post Dr. APPROXIMATELY BETWEENO 2	F BUSINESS tauran Md Belai MATE INTERVAL PARENTE AND DEA
WIDOWED BY GROWN ADMESSION 13d. YES 15. A RITY NO. 17. III COLOR OF COLOR O	DIVORCE DITHER INSTITUTION THE INSTITUTION OF THE INSTITUTION O	INTERIOR INT	HARF IL OCCUPATION ORK FOR MOST OF WORKING TRESS TADDRESS / ZIP CC O DIEX (MIDDLE ADDRESS Hitching	DE LAST LAST LAST LAST LAST LAST LAST LAST	tauran Md Belai MATE INTERVAL MATE AND DEA
RITY NO. 17. III CONCEOF INCEOF	DITHER INSTITUTION THE PROPERTY LIVES NO MOTHER'S MAIL MOTHER'S	IMITS? 13e.STREE 102 IDEN NAME SOURCE, 228 CE SOMA	ORK FOR MOST OF WORKING THESS TADDRESS / ZIP CO OFER MIDDLE ADDRESS Hitching	Post Dr.	Md. Belai
RITY NO. 17. II SOBB F CTIVE S INCE OF INCE OF	d. INSIDE CITY LIVES NO. MOTHER'S MAIL MOTHER'S MAIL INFORMANT ROGER C: TAUJOIC CARCUA	IMITS? 130.STREE 102 IDEN NAME SOURCE, 228 CE SOMA	o DER (Post Dr. APPROXIMENT APPROXIMENT 2	Md. Belai
RITY NO. 17. II SOBB F CTIVE S ENCE OF ENCE OF	Minormant Roger C: TAUJOIC	rouse, 228	ADDRESS Hitching	Post Dr. APPROXIMATE APPROXIM	Md BelAi MATE INTERVAL ONSET AND DEA
CTIVE SENCE OF CEATH BUT NOT	Roger C: TAUJOIC CARCIA	rouse, 228 CE SomA	Hitching	APPROXI BETWEEN C 2	BelAi:
CTIVE S	TANIBIC	CÉ JomA		APPROXI BETWEEN C 2	MATE INTERVAL DNSET AND DEAT
NCE OF	CARUN	DomA			
ENCE OF					ruo.
DEATH BUT NOT				GIVEN IN PART 1:0	
		7115 TER	ACT OR CONTRACT	SIVEN IN PART 110	
OBERATIONING	OT RELATED TO T	HE TERMINAL DISE	ASE OR CONDITION C) is
UPERATION WA	VAS PERFORMED	D 200 AL		YES, WERE FINDIN	
75		YES		TIFYING CAUSES	NO [
AY YEAR	Ic. HOW INJURY	OCCURRED (ENTER	NATURE OF INJURY IN ITEM I	B PART I OR PART 7)	
21f	II LOCATION				
ARM ETC }	STREET		CITY OR TOWN	COUNTY	STATE
	LY 6 19	9 87 10_	JULY W	19 87	thot (I) (we
9 -) , and the	hat in (my) (our)	opinion death occu	rred on the date and h	nour and from the c	couses state
DEGF				22c. DATE S	SIGNED
10	ATTEN PHYSI	DING MEDICA	STAFF OR PHYSICIAN	7-	-21-8
22e	1. ADDDECC			O, MD a	21201
	22 5.	. UKEENE			IN
NAME OF CEME	22 S.	AATORY 23d LO	CATION	I, ONNIA	STATE
AR B	YEAR 19 2 19 10 10 10 10 10 10 10 10 10 10 10 10 10	YEAR 19 211 LOCATION STREET JULY , 19 DEGREE ATTEN PHYS	TYEAR 19 216 LOCATION STREET 19 216 LOCATION STREET 19 217, 10 DEGREE ATTENDING MEDICA PHYSICIAN DIRECTO	YEAR 19 216 LOCATION STREET CITY OF TOWN TO JULY 6, 19 67, to JULY 6 A ond that in my (our) opinion death occurred on the date and he occur	19 21f LOCATION STREET CITY OR TOWN COUNTY 21g LOCATION STREET CITY OR TOWN COUNTY TO JULY 6, 19 87, to JULY 6, 19 87 and that in (m) (our) opinion death occurred an the date and hour and Irom the county DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7

60824 JUL 2807

7 1000

The second second

3...

59,164	FOR EAT!	DESHNET	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REGINO.	0 6 2 8
oy be death	1. DECEASED NAME FIRST FOR OR PRINT)	MIDDLE	Deshwer	20 DATE OF DEATH MONT	2 1987 12:35 M
e 4 moy ctor. pog s offer de	3. SEX MALE	1 RACE White	S. DATE OF BIRTH MONTH DAY FEOTUNEY 19, 1917	6. AGE (IN YEARS LAST BIRMDAY)	
nerol dire	OUNTRY CONTESTINE	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
s ofter de by the formalied within	HAVAC Se GRACE	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK Builder	126 KIND OF BUSINESS OR
tilled in Board be for the soul of the sou	USUAL RESIDENCE (IF NURSING HOME I 13a STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	130 STREET ADDRESS / ZIP 953-D REd	CODE 21014
MARYLA medicinely word 2 sh	14 FATHER'S NAME FIRST FREDERICK	MIDDLE DESHINE		WIDDLE	Mc Glothin
Poges 1	160 WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) TIF YES. O	IVE WAR OR DATES)	RITY NO. 17 INFORMAN (FIELD)	1838-8399 ADDRESS 1405, Folliver Bel A	in Maryland 21014
it., BALT	PART I. DEATH WAS CAUS	only one couse per line for (a), (b), and (ED BY) ATE CAUSE (a)	SRAL DEAT	74	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 OF PHYSICIAN. The law requires that death certificate in and completely filled in by of the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shortd be filled in by the ond Mental Hygiene prior to burial, cremation, or removal. The ond Mental Hygiene prior to burial, cremation, or removal. Orked as Item A8 shows ony injury, or other traumatic event, the medical expander buttle in the context of the medical expander buttle in the context of the contex	Conditions, if any, which gave rise to immediate cause 101, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	BICAL HNUX	IA T- ASCVI	
RDS, 201		CONDITIONS CONTRIBUTING TO E		MINAL DISEASE OR CONDITIO	
AL RECOI	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ON OF VITA HYSICIAN: The dung physician is certificate bundareously Mental Hygies of them 48 she	CA CO. 115.0110.110 C. 1105.010	HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART ?}
DIVISION ING PHYS r ottendin After this c os the but th ond Me	OK CONTRIBUTING CASE OF DE STANDARD CONTRIBUTING CASE OF DE STANDARD CONTRIBUTION C	21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE F	ARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI STOR. A for use of Heal	sow the deceased plive of	pital) attended the deceased from 19	ond that in (my) (our) opinion	death accurred on the date ar	nd hour and from the couses stated
PITAL OR A by the hos ERAL DIREC edetoched Stote Dept.	Dentile Dentile	muchos	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/2/1
O HOSPITAL efained by 1 TO FUNERAL should be de: with the Stots	DANTE	M. MONAK		ion De At	mede Brace rul
BP	230 BURIAL, CREMATION, REMOVA	July 4, 1987 M	NAME OF CEMETERY OR CREMATORY	Bel hir Harle	rd to Maryland 21014
DHMH - 16 60M 7/84	24 EUNERAL DIRECTOR	STET SO W. Brande	my & williams St. 250 PA	TE BEC'D BY REGISTRAR 24 R	EGISTRADS SIGNATURE

S	TA	TE	OF	MA	RY	LAN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IUI	FOR 29 SOTE SSTRAR	DEPARTM	_	IEALTH AND MENTAL HYG	REG. N	0	6	2	4
	DECEASED NAME FIRST (TYPE OR PRINT) GERTRUDI	E DOUGHERTY	1	AST		MONTH 7	20	YEAR 87	26 HOUR
	FEMALE	4. RACE WHITE	5. DATE O	30, 1899	6 AGE LIN YEARS LAST BIR	THDAY)	MONIHS	DAYS	HOURS MIN.
3	PENNSYLVANIA	U.S.A.	WIDOWE		BALTIMORE CITY OF HARFORD				MD.
4	H DE G,MD.	11. NAME OF HOSPITAL, NURSIN	JRS'IN	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF THE HOUSE WIL	F WORKING		USTRY	F BUSINESS OR
2	JOU AL RESIDENCE (IF NURSING HOME OR IS STATE 136 COUN CEC	TY 13c. CITY OR TOW	N	YESX NO 🗆	130 STREET ADDRESS A		DE STRE	4	903
1	JOHN	BRADLEY		15. MOTHER'S MAIDEN NAM	WIDDLE		FRE	EIDH(DF'F
4	60 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUI E WAR OR DATES) 167-22-1		MARY REEVES,	PERRYVILLE		ARYLA		21903
	PART I. DEATH WAS CAUSED	ly ane cause per line for (0), (b), and BY: E CAUSE (a)	U. C	pulm. 9	Mily		8	ETWEEN C	MATE INTERVAL DISET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	HSE OF	ne Heart	Fally	1			
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D			200 AUTOPSY?	20b. IF Y	ES, WERE	FINDIN	GS USED OF DEATH?
	OR CONTRIBUTING TO CAUSE OF DEAL	TH HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	SI WEEL NE AS	B PART I OR	PART 2)	
	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COL	UNTY	STATE
		al) offended the deceased from		nd that in (my (suc) balasan d	eath accurred on the do	ate and h			
	22d. PHYSICIAN'S NAME (TYPE OF	PRINT	nM	22e ADDRESS	DIRECTOR PHYSIC			1-3	22-87
2:	30 BURIAL CREMATION, REMOVAL	23b. DATE 23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	1 40	in	U	42710
2	BRUIAL LEE A. PATTERSON	AULY 24,1987 WE SON, PERRYVILL	ne	RKS CHURCH CEN	PERRYVIL REC'D BY REGISTRAR 987			. ,	RYLAND.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Home Kingsville, Md

(VRA 15, 4)

STATE OF MARYLAND

		STATE OF MARYLAND		
7	FOR 1 - STATE	DEPARTMENT OF HEALTH AND MENTAL H	IYGIENE	2 2 13
	REGISTRAR	CERTIFICATE OF DEATH	8 / REG. NO.	0 3 6
0076 JUL 2	(INCRPRINT)	MIDDLE LAST	20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
900	WILLIAM G	LENN FENDER	JULY 14,19	87 12:25
may b	3. SEX 4 RACE	5. DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS
ge 4	MALE CAVE	ASIAN AUGUST 15, 189		THE DAYS HOURS MIN.
a par	TO, BIRTHPLACE (STATE OR FOREIGN 76, CITIZEN OF	WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
nero n 72	NO, CAROLINA UI.	J. A . WIDOWED DIVORCED	HARFORD	MD.
P P P P P		HOSPITAL, NURSING HOME OR OTHER INSTITUTION CH FACILITY OWE STREET ADDRESS)		126. KIND OF BUSINESS OR INDUSTRY
by #	BEL AIR BELA	IR CONVALESCENT HOME	SCHOOL TEACHER	FARMER
d in be	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 13b., COUNTY	(GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS:		
the state of the s	MARYLAND HARFORD	BELAIR YES NOW	922 CARRS MILL	Rd 21014
third land	4 FATHER'S NAME	15. MOTHER'S MAIDEN		
and with	JOHN Solomon	FENDER SARA	14	EEK
2 0 7	60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 17 INFORMAN	592-709 ADDRESS	
n and c	(TES, NO OR DINKNOWN) (IF TES, GIVE WAR OR DATES)	213-12-9457 CLARA F.	WEAVER, KINGSVILLE	Maryland 21087
sicia ol. , the	18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY:	r line for (a), (b), and (cs.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy npa mav	PART I. DEATH WAS CAUSED BY:	CARDIAC ARREST		
ng pp	DUETO	AD AS A CONSCIOUSNICE OF		
(make 1)	Conditions, if any, which	ARTERIOR SCLEBOTIC (ARDIO	VALCULAR DISEASE	
1 2 1 2 2 2 2	gove rise to immediate	OR AS A CONSEQUENCE OF	,	
		OLD AGE, CHRONIC GRANUL	OCYTIC LEUKEMIA	
S C C		ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE		IN PART 1(0)
n sign	NO			
bee mit.	190 DATE OF OPERATION 19b. COND 21a, ACCIDENT WAS UNDERLYING 21b. TIME C	ITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, W	ERE FINDINGS USED
he lo an. has	Ĭ .		YES NO YES	G CAUSES OF DEATH?
ysici Tysici Tys	21a. ACCIDENT WAS UNDERLYING 21b. TIME C		URRED (ENTER NATURE OF INJURY IN ITEM 18 PART I	
	ORCONTRIBUTING CAUSE OF DEMIN HOUR A	M. MONTH DAY YEAR		
PHYSICIA ending pt this certifi te burial-ti ad Mental	21d. INJURY OCCURRED 21e PLACE	OF INJURY 21f LOCATION	CITY OR TOWN	COUNTY STATE
or after the e as the alth and	AT WORK AT WORK	REET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR IOWN	STATE
or a or a se or a mor	22a.1 certify that (1) (this haspital) attended the	ne deceosed from 3-/7 - 19-8	7 to 10EY 14 19	87 , that (# (we) last
ATTEND aspital a CTOR: A far use d far use n Heal	saw the deceased alive an above, (1) (we) (did) (did as) view the body	14 19 87, and that in (my) (our) opini	on death occurred on the date and hour an	nd from the causes stated
	22b. SIC (1) (We) (did) (did 36b) view the bod)	DEGREE		22c. DATE SIGNED
the hy the hy L DIRI stacke the Dep	Theline Vuen	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	JULY 14.198
by by Star ANT	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS	DIRECTOR PHISICIAN	1, 1, 10
TO HOSPITA retained by TO FUNERA should be do with the Sta	Philip W. HELMAN,	M. S 307 Halin	TY AUDULE, BELLER MAN	Wint Stall
TO HO IN With I Will HO	23a. BURIAL, CREMATION, REMOVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATOR		Third work
BP	_ (SPECIFY)		CITY OR TOWN	DUNTY STATE
Dr			DATE REC'D. BY REGISTRAR 256. REGISTRAR	MANUTANI ATOTA
DHMH - 16 60M 7/B4		Broadway & Williams St. 250. [Air, manyland 21014	11 1 6 1987 William	don-fares
(VRA 15, 4)	myerville toto BEI	412 Mount YIOIX	7 11 10001	

The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME KNOWN 2g. DATE MONTH LTYPE OR PRINT) OF ESTI-DEATH MATED Andrew Lewis Funk 1987 A RACE DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 20 DEAD White 11 30 56 7/25 19 8 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED DIVORCED Marvland Harford I CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY lavre de Grace Harford Memorial Hospital Truck Driver AL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 30 STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY HAUTS? 130. STREET ADDRESS Harford MD YES NO 1130 Poplar Grove Rd. Street EATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE William Stella Anderson Funk 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS LYES NO OR UNKNOWN) 3184 Armv Albert. same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a I certify that I took charge of the remains described above, held an Inspection X Autopsy Inquiry and in my apinion death resulted from: Hamicide Undetermined manner TO FUNERAL DIRECTOR AFTER DEATH WITH BALLIMORE MARY! TITLE (SPECIFY) ACTUAL M.D.Deputy SIGNATURE FXAMINER'S NAME 464 Alliance St. Havre De Grace, MD (TYPE OR PRINT) Luis E Reniel ADDRESS 230. BURIAL, CREMATION, REMOVAL 1236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Ceci1 Md. Burial 7/28/87 Conowingo Baptist Ch.Cem. Conowingo 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399 JUL (VR A15 ME (5))

The second of th April 1985 July 1985 State of the State of t The state of the s MILES WIT General States on will be the first many .

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

CERTIFICATE OF DEATH

87 20635

I. DE	CEASED NAME FIRST	MIDDL		LAST	20. DATE OF D	EATH MONTH	DAY YEAR	7b. HOUR
(TYP	Mary	Regi	na Gr	reason		7	3 1987	8 15 PM
3. SE		4 RACE	5. DAT	E OF BIRTH	6. AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNDER I YEAR	-
	Female	White		2 1922		65 YRS	MONTHS DAYS	HOURS WIN.
	IRTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHA	T COUNTRY2 8		9 BALTIMORE	CITY OR COUN		
	Maryland	U.S.A		RIED NEVER MARRIED !		rford Co	unt-v	440
	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM	E OR OTHER INSTITUTION	17a USUAL OC	CUPATION	126 KIND C	DF BUSINESS OR
	Aberdeen	708 Walke	er St. / 21	.001	(TYPE OF WORK F	or most of working Lerk	Fue	l Co.
13a.	STATE 13b. CC		RESIDENCE BEFORE ADMISSIO	113d. INSIDE CITY LIMITS?	13e STREET AD	DRESS / ZIP CC	DDE	
M	aryland Har	ford I	berdeen	YES NOXX	708 Wa	Lker St.	/ 21001	
14. F.	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN I		MIDDLE	1.45	51
1	Karl		ckert	Marie		No.	unk	nown
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166.	SOCIAL SECURITY NO). 17 INFORMANT		ADDRESS		
	NO (IF TES	2]	18/14/2651	Julius A. C	reason (1	nusband)	(same as	13e.)
	18 CAUSE OF DEATH (Ente	r only one couse per line	for (o), (b), and (c).)				APPROX BETWEEN	IMATE INTERVAL
	PART I. DEATH WAS CAL	USED BY:	A12010	PULMIN	AUI	Ame.	57	
100	IMMEL		'A CONSEQUENCE OF			-		
	Conditions, if any, which	4 ~	10 mon					
	gove rise to immediate		010		Andri	1001	1	
	couse (o), stoting the Underlying couse tost							
		(c)						
Z	PARI 2 OTHER SIGNIFICAN	NI CONDITIONS CONTI	RIBUTING TO DEATH B	BUT NOT RELATED TO THE TE	RMIN AL DISEASE (OR CONDITION (GIVEN IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERAT	TION WAS PERFORMED	70a AUTOP	SY? [20b. IF	YES, WERE FINDI	NGS USED
FF							RTIFYING CAUSES	OF DEATH?
ERT	710. ACCIDENT WAS UNDERLYING	71b. TIME OF IN	JURY	21c. HOW INJURY OCC	1.20	7	YES DARI I OR BART 2)	но 🗆
	OR CONTRIBUTING CAUSE OF	110110 4 44	MONTH DAY YEA	AR	CHIED TENTER HATO	TECH TOOK THE TEM	10 / 20 / 20 / 20 / 20	
2	(IF EITHER NOTIFY MEDICAL EXAM			9				
MEDICAL	71d INJURY OCCURRED	21e. PLACE OF II	NJURY ACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	23	cm or toyer	COUNTY	STATE
	AT WORK AT WORK					11/2	87	2
	220.1 certify that (1) this ho		ceased from	. 19	, to	110	19	that i) (we) lost
	sow the deceased of	no new the body after	death.	, and that in (my) (our) opinion	on death accurred	on the date and h	hour and from the	cooses stoted
	776 SIGNATURE	DEGREE 77t. DATE/SIGN						
	1	TILLIAM	X	MEDICAL	STAFF PHYSICIAN	1-7/	5/1/	
1	220 PHYSICIAN'S NAME	THE CHEPTER TO	0	77e ADDRESS		- 0	Who	UKITAN
1	toan	FDUAN	20	1212 8	FLAR	(1).	m	2-1847
73a	BURIAL, CREMATION REMOV	AL 73b. DATE	73(NAME O	F CEMETERY OR CREMATOR	y 73d LOCATI	ON		7.01
	(SPECIFY)	7/6/198		Mount Cremato	CITY OR	IOWN	YTAUOS	21202 STATE
24 F	Cremation UNERAL DIRECTOR	1 1/0/138	Green	Mount Crenato	ATÉ REC'D. BY REC	SISTRARIZSE RECO	ISTRAR'SIGNAT	TURE-O 1
	lter Brooks B	radley, Inc	. Balto., M	4d. 21222	ATE REC'D. BY REC	1987 8	utia Davido	m. Kanaans

650 JUL 4	8	FOR		DEPART	MENT OF HEA	F MARYLAND LTH AND MENTAL HYG	IENE			-
	1.	STATE REGISTRAR			CERTIFIC	ATE OF DEATH	8 7	EG NO 2	0 0	30
		CEASED NAME (#5)	ANIC	DD(8)	1687.	19091 1007	24 DATE OF DE	ATH MONTH	DAY YEAR	75. HOUR
# F 60	\$17400	GiL	5	00		HAN		July 3	1987	9:42
her d	3. SE		4 RACE	0	5. DATE OF E	MRTH TEAR	& AGE INSTEAMS	ast sitricity)	MONTHS DAYS	HODES AND
2 2 2 2		MALE	KOREAN	\sim		25, 1934	53	YRS.	Y OF DEATH	
727		RTHPLACE (STATE OF FOREIGN COUNTRY) KOREA	A CITIZEN OF W		MARRIED (NEVER MARRIED	11	ar Ford	paracean mar	N
Section of the training of the	4,	TY OR TOWN OF DEATH	Harfor	I Men	aprio 1	OTHER INSTITUTION	HELPER (HOST OF WORKING I		OF BUSINESS O
645	illa.	AL RESIDENCE (# NURSING HOME STATE 1336, COL MD HA	INTY	HAVRE de	VN III	E INSIDE CITY LIMITS?	721 ERIE	RESS / ZIP COD	€	2107
10/00	14. F	THER'S NAME	wood	1,651	15	MOTHER'S MAIDEN NA	ME	DOG	(A)	NY.
11/20		BONG	SUK	HAN		SANAM			CH	IUN .
to de co		VAS DECEASED EVER IN U.S. A	RMED FORCES? 1	ME SOCIAL SECU	24 (0.000)	INFORMANT		ADDRESS		
Pog Peg		NO		220 98 938	84 M	RS. JONGLIM HA	N, SAME AS	#13e		
	Г	IN CAUSE OF DEATH Enter	only one couse per li	getpr (a), (b), (c	nd ic	21.0			BEZWEEN	ONSET AND DEAT
n 4 92 1		PART L DEATH WAS CAU	SED BY: ATE CAUSE (b)	Kleshu	e mi	arrest		1		
F 7 M 3 - 5		IMMEDI		-		01-1	M	+		
2000		acceptant beam to me	DUE TO, OR	AS A CONSEQU	ENCE OF	Status a	sllima	lucus		
do do de	1	Conditions, if any, which gave rise to immediate	(b)			- 000000				
4 4665	1	cause ial, stating the	DUE TO: OR	AS A CONSEQU	SENCE OF					
of the state of	1	underlying couse last	(6)							
greed en ple burio	2	PART 2 OTHER SIGNIFICAN	CONDITIONS CO	NTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE O	R CONDITION G	VEN IN PART T	0
g 14 9 6	CERTIFICATION		View Constitution	ON TOR WHICH	COREDATION	WAS PERFORMED	76s AUTOPS	(2) INA-JEV	ES. WERE FINDS	NGS LISED
1 41460	5	IN DATE OF OPERATION	198. CQMDII	IUN FOR WHILE	OFERRIOR	WAS TERFORMED	F 1987 TALK 1977	IN CERT	IFYING CAUSES	5 OF DEATH?
26 223 1	I E						-	Total Control	YES []	NO [
A TO SO TO S	18	\$1s. ACCIDENT WAS UNDERLYING				TIE HOW INJURY OCCUR	RED (ENTERINATION)	ON HATCHES HE STEW SE	PART LIGHT HREST	
44 44 7	4	DECONTRIBUTING CAUSE OF I	REALINE TO SELECT		10					
N P S S S S S S S S S S S S S S S S S S	MEDICAL	714. INJURY OCCURRED	71a PLACE O	THE RESERVE AND ADDRESS OF THE PARTY OF THE		II LOCATION		0752232FE	COUNTY	SSTATE
문학 부모인 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전	8			ET FACTORY, OFFICE		538687	6	IN DRIOWN	(0.0004)	. 50610
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		AT MORE AT MORE							10	4
0 4 8 0 6	1	22s.1 certify that (I) (this ha		decrased from,		19	10	12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		, that (i) (we) l
2 6 6 G	1	sow the deceased olive obove, (I) (we) (did) (did	onthe hady a	tted death	, and	that in (my) (our) opinion	death occurred o	n the date and ho	air and from the	stated
P AT hospi ned for npt. ol	1	77% SIGNATURE /	(- /) Dut	GREE	,		22c DAY	ESIGNED
0 - 575	1	181,	111) / 1	10	Mich	ATTENDING	MEDICAL	STAFF	17/	3127
五十 五十十	1	1000	ner i	10		PHYSICIAN T	DIRECTOR	PHYSICIAN []	1/	2/0 1
HOSPIT, ned by lift be d title Sta	1	THE PHYSICIAN'S NAME ITT	-VI	111	1	ZE AUDRESS:				
Sp 1 1 1 8 /	1	ISICIAN 1	. 1EO-	MID		UNION AVENUE	, HAVRE DE	GRACE, M	21078	
5 g 5 g g 1 €	730	BURIAL CREMATION, REMOV	AL 1736 DATE	173c	NAME OF CEA	AETERY OR CREMATORY	734 LOCATE	DN .		1080800
nn.	1	BURIAL	5 JULY	E00 1179		L CEMETERY	HAVRE	de GRACE,	HARFORD	CO. MD.
Br	24.7	UNERAL DIRECTOR	J JULY	0/ 1/	water title		TE REC'D, BY REG	ISIRAR 25h, REGI	STRAR'S SIGNA	TURE
HMH - 16 60M 7/84				ADDRESS	O= 140	1 11 11	0 6 198	2/ 1/.0	Page 10	Pale
(VRA 15, 4)		MITCHELL FUNERAL H	IOME PA, HAV	RE de GRAC	CE, MD.	21078	100	1 Julia	Interest Le	A PROPERTY OF



				STATE OF MARYLA				
	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND M CERTIFICATE OF DE		Q NO 7	206	37
1 2 9 EUL 21	1. DE 87.	CEASED NAME FIRST OR PRINT)	MIDDLE	Hare	2a. DATE (DEDEATH MUNTH	DAY YEAR	26 HOUR
ctor. pog	3. SE	7	RACE Caucasion	5. DATE OF BIRTH	6. AGE (#	YEARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HR
Pog dire			CITIZEN OF WHAT COUNT	MARRIED NEVER M.	9 RAITIM	ORE CITY OR COUN		ntu
			1. NAME OF HOSPITAL, NU LIENOT IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER INSTI	TUTION 120 USUA	LOCCUPATION ORK FOR MOST OF WORKING MAKET	GLIFE) 126 KIND (INDUSTRY HOIT	OF BUSINESS O
filled in touch be filled in the filled in t	130.	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE 8 Y imore 13c. CITY OR 1	FORE ADMISSION) OWN 13d. INSIDE CIT	Y LIMITS? 13. STREET	ADDRESS / ZIP CO Ebenezer	Por. 211	162
mpletely ond 2 sh) (14. F/	THER'S NAME FIRST MI	Vince		MAIDEN NAME LY	MIDDLE Ric	hardson'	AST
n ond co		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIALS 217-05	-5640 Mr. Ma	arvin Fishe		20 Ebene Marsh, M	
is that the death certificated by the attending phases remove corbang in its committee activation or other traumatic every		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	OUENCE OF SYR	tem t	lock ailer	e e	
w require: been signe mit. Then p prior to bu	ATION	PART 2. OTHER SIGNIFICANT CO	Ce	TO DEATH BUT NOT RELATED TO VECOSITION WAS PERFOR	TO THE TERMINAL DISEA	TOPSY? 20b. IF	YES, WERE FIND	
IAN: The lo physicion. ifficate has lifticate has ol Hygiene pol Hygiene prin 18 shows	IL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR	YES URY OCCURRED (ENTER	NO	YES TIFYING CAUSE YES TO PART 2)	NO [
G PHYSICIA ottending plants this certificate this certificate the burial-to and Mental ked or them	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFI	19 711. LOCATION STREET	N	CITY OR TOWN	COUNTY	STATE
RECTOR: Affector or the foruse of pt. of Heolth em 21 is many		220.1 certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (44) not)	7-13	9.87, and that in (my) (i	our) opinion death occur	7-13 red on the date and l		e couses stated
tach F #		226. SIGNATURE	erge, Va	AT PHE ADDRESS	TENDING MEDICA HYSICIAN DIRECTO	R PHYSICIAN	7	14.8
TO HOSPITAI retoined by TO FUNERAL should be de with the Stott	220	PERFECT	O VACAR	AOHD, 17	16 HARI	FORD R	O FAL	-
BP	230	SPECIFY Burial	7-16-1987	Holly Hill Mem	Gar. Whi	te Marsh	Balto.	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	INERAL DIRECTOR	KINGSVI 11750 Bald	LLE, MD. 2108:	7 250 JUSTE REED BY	REGISTRAR 256. REG 1987 Julia	Dunder . 7	TURE



24 FUNERAL DIRECTOR

Howard K. McComas III, Abingdon, Md. 21009

DHMH - 16 60M 7/84

(VRA 15, 4)

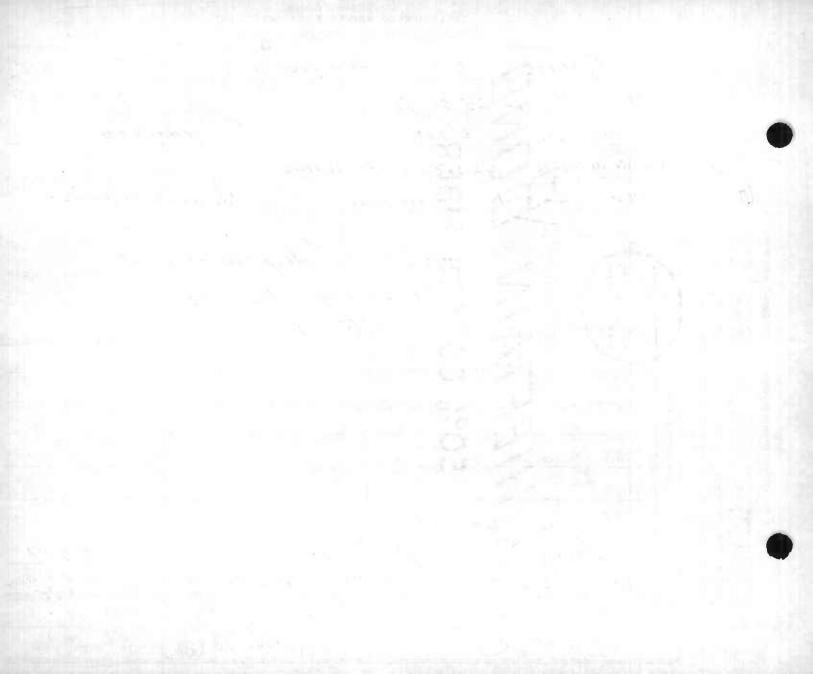
STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

the to see the second

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN DAY MONTH 26 HOUR CESSARY, PL.
NERAL DIRECTOR.
"OR YOUR FILES.
"N72 HOURS
"N72 HREET, (TYPE OR PRINT) OF ESTI-€019€ ea. 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. DAY JE UNDER 24 HRS DATE 2d HOUR Male PRONOUNCED 25 30 DEAD 56 Ja. BIRTHPLACE (STATE OR TE CITIZEN OF WHAT BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY N.J. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY a ce emprine. Machinist Ind. LUAL RESIDENCE (IE Rd. incipio 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Shellhardt Amanda A. 17 INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN)
Yes (IF YES, GIVE WAR OR DATES) Korea 18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b) and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. ED AS A BURIAL - TRANSIT PER HEALTH AND MENTAL HYGIEI 1, CREMATION, OR REMOVAI DUE TO, OR AS A CONSEQUENCE OF COUD Canditians, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NT OF HE BURIAL, 20 AUTOPSY? E CHIEF BE USED ICATE, WRITING THE WORD "
FORWARDED TO THE CHIEF
TOR: PAGE 3 SHOULD BE USET
THE STATE DEPARTMENT OF H YES NO 21g. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion death resulted fram: Natural causes Hamicide Undetermined manner EXAMINER'S NAME TYPE OR PRINT ADDRES: 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Perryville Md STATE Buria] Cecil 7-6-87 Principio Cem. 07/84 BP 25M Crouch Funeral one North East. **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEAT

LAST

Heck

5. DATE OF BIRTH

MONTH

FEB

H g	REGA	do. 0	6	4	1	
-	20. DATE OF DEATH	MONTH	DAY	YEAR	26. HOL	IR
		07	10	87	1013	51
	6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
9	88	YRS	MONTHS	DAYS	HOURS	MIN.
E 0	9 BALTIMORE CITY	OR COUN	ITY OF DE	HTA		

BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? PENNA!

4. RACE

FIRST

Miriam

MARRIED | NEVER MARRIED 11,5A. WIDOWED

BEL AIR CONVALESENT

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

M

Cau.

DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

HARFOR D 12g USUAL OCCUPATION

Belair Con.

12b KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e.STREET ADDRESS / ZIP CODE

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1136 COUNTY 1316. CITY OR TOWN ma

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

IMMEDIATE CAUSE ID

4ARFORD 14. FATHER'S NAME LAST MIDDLE

MATLACK KATE

YES X

MIDDLE

UTTON ADDRESS NEW BURG

160 WAS DECEASED EVER IN U.S. ARMED FORCES LYES NO OR UNKNOWN) LIFYES, GIVE WAR OR DATES! NO

PART I. DEATH WAS CAUSED BY:

PART 2 OTHER SIGNIFICANT CONDITIONS

17 INFORMANT

JOSHUA HECK (SON

ATONSVILLE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse

190 DATE OF OPERATION

FOR

REGISTRAR

L DECEASED NAME

female

BEL AIR

10 CITY OR TOWN OF DEATH

- STATE

(TYPE OR PRINT)

3 SEX

ARTERIO SCLEROTIC DUE TO OR AS A CONSEQUENCE OF ONGESTIVE 4

DUE TO, OR AS A CONSEQUENCE OF

ARDIO VASCULAR EART FAILURE PACE MAKER

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20g AUTOPSY?

21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER!

22a. | certify that (1) (this haspital) attended the deceased from.

HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NOX 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO X YES [

COUNTY

21d INJURY OCCURRED

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

CITY OR TOWN

STATE

saw the deceased alive an_ obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATU

and that in (my) (eur) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED JULY 10,1981

22d PHYSICIAN'S NAME (TYPE OF PRINT)

PHILIP W. HEUMAN 23b. DATE

22e ADDRESS

307 HICKORY AVE., BELAIR, Md 21014

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION

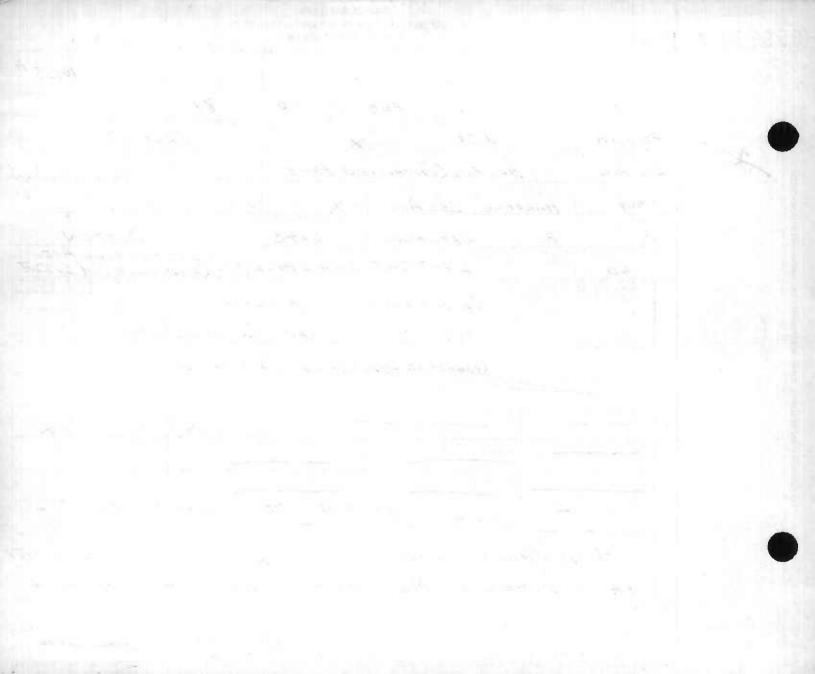
Meth. C. Cem. Churchville Harford

DHMH - 16 60M 7/84

CERTIFICATION

ASSAHN, 11750 BELAIR RD 21087

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) 20 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF LINDER 24 HRS 5 DATE OF BIRTH MONTH WHITE TEMA/E 1918 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North CAROliMA HAL 12b. KIND OF BUSINESS OR INDUSTRY NURSING HOSPITA 13a. STATE 113b COUNTY 13c, CITY OR TOWN 13e STREET ADDRESS / ZIP CODE CECI RISINIS SUN MD WEST WOOD RIS HER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDGLE ZOTENI ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) KENNIETH COLORA II CAUSE OF DEATH (Enter only one cause per line jand in and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET NOT WHILE 220 | certify that (1) (this haspital) attended the deceased fram saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (IMwe) (did) (did not) view the bady after death DEGREE Hr. DATE ATTENDING: RECTOR PHYSICIAN PHYSICIAN THE PHYSICIAN'S NAME 22e ADDRE 13h DATE 231 NAME OF CEMETERY OR CREMATORY Planson T GROVE PLEASANT GROVE DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. CIVIE DE PERUIS 87 4. RACE IF UNDER I YEAR). SEX 5. DATE OF BIRTH FEMALLE MONTH BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED 1. NAME OR OTHER INSTITUTION 605 GILES ST. 13e.STREET ADDRESS / ZIP CODE HAURE NO GRACE 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 17 INFORMANT DR. GUNTHER MIRSCH IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 605 GILES ST. HAVRE DE GRACE,

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

(1) (we) (did) (did not) view the body after death.

236 DATE

JULY 23,1987

SOL LEVINSON & BROS., INC.

BALTO., MD

the deceased alive on

6010 REISTERSTOWN RD.

230 BURIAL, CREMATION.

BURIAL

PART I. DEATH WAS CAUSED I	CAUSE (0) ACUTE REM	you FAILL	NE	hours.
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF USE TO, OR AS A CONSEQUENCE OF	TED BREA	ST CANCEL	YEARS
PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TEL	rminal disease or condition give	VEN IN PART 110
9a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		IN CERTI	FYING CAUSES OF DEATH?

DEGREE

HEBREW FRIENDSHIP

22e ADDRESS

PHYSICIAN

ARCHITECT

21078

22c DATE SIGNED

16 REGISTRAR'S SIGNATURE

MARYLAND

MD

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

BALTIMORE

23d LOCATION

STAFF

21078

DHMH - 16 60M 7/84 (VRA 15, 4)

1 1111 121 1

060219

IS CAUSE OF DEATH Enter only one couse per line 1, (b), and (c)			* FOR	0.1		E OF MARYLAND	News			
The Care of Pearly County The Care of Pearly County County County The Care of Pearly County Co	J	112	22TBY REGISTRAR	UE			8 / 2	0 6 4 4		
James Russell Hutton July 16, 1987 Accompany Audition Accompany Acc				AME FIRST MIDDLE				DAY YEAR 25 HOUR		
Male Male M		(TYPE	James James	Russell		Hutton	July 16, 1987	6A.M		
Male White Sept. 23 1921 65 The Brithpace Substitution of the common		100		4 RACE			6. AGE (IN YEARS LAST BIRTHDAY)			
SOUTH Pennsylvania USA		M	Male	White	Ser	ot. 23 1921	65 YRS	MONTHS DATS HOURS MIN.		
Whitehall 2215 Salt Lake Road Truck driver Highway Dept. 18 STATE Whitehall 2216 Salt Lake Road Truck driver Highway Dept. 18 STATE Maryland Harford Whitehall Whitehall Whitehall Is FATHERS NAME Charles Russell Hutton Rush Rus)	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY Pennsylvania	76. CITIZEN OF WHAT COU	MARRIE		_			
18 STATE MATYLAND 134 COUNTY 134 INSTOCE CITY (IMITS) 135 INSTOCE C	5	W	Whitehall	2215 Salt L	NURSING HOME C VE STREET ADDRESS) ake Road	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Truck driver	LIFE) INDUSTRY		
Charles Russell Hutton Ruth Esther Mitchell 18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 17 NFORMANT ADDRESS MD. 17 NFORMANT ADDRESS MD. 18 CAUSE OF DEATH Enter only one couse per line is all. (b. ond ic.) 18 CAUSE OF DEATH Enter only one couse per line is all. (b. ond ic.) 18 CAUSE OF DEATH Enter only one couse per line is all. (b. ond ic.) 18 CAUSE OF DEATH Enter only one couse per line is all. (b. ond ic.) 18 CAUSE OF DEATH Enter only one couse per line is all. (b. ond ic.) 19 PART I. DEATH WAS CAUSED BY 10 LOCATION (b) LOCATION (c) LOCATIO	1	13a S	Maryland Harf	TY 13c CITY O	RTOWN	YES NO XXX		Rd., 21161		
NO OPERATOR OF THE PROPERTY OF)		FIRST			FIRST	MIDDLE	Mitchell		
18 CAUSE OF DEATH IEnter only one couse per line 11		16a V	WAS DECEASED EVER IN U.S. AR	E WAR OR OATES)				MD.		
PART I DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse lost. Storing the underlying couse lost. DUE TO, OR AS ACONSEQUENCE OF COUNTY ENGLISHED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to JULIAN SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAIRD TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to JULIAN SIGNIFICANT OR WHICH OPERATION WAS PERFORMED THE ACCIDENT WAS UNDERSTRIPED. THE TIME OF INJUSY HOUR AM. MONTH DAY YEAR P.M. TO THE TIME OF INJUSY LATE OF ON WALL A HOUR AM. MONTH DAY YEAR P.M. THE TIME OF INJUSY LATE OF ON WALL A HOUR AM. MONTH DAY YEAR P.M. THE TIME OF INJUSY LATE OF ON WALL A HOUR AM. MONTH DAY YEAR P.M. THE TIME OF INJUSY LATE OF ON WALL A HOUR AM. MONTH DAY YEAR P.M. THE TIME OF INJUSY LATE OF ON WALL A HOUR AM. MONTH DAY YEAR P.M. THE TIME OF INJUSY LATE OF ON WALL A HOUR AM. MONTH DAY YEAR P.M. THE TIME OF INJUSY LATE OF ON WALL A HOUR AM. MONTH DAY YEAR P.M. THE TIME OF INJUSY LATE OF ON WALL A HOUR AM. MONTH DAY YEAR P.M. THE TIME OF INJUSY LATE OF ON WALL A HOUR AM. MONTH DAY YEAR P.M. THE ADDRESS THE TIME OF INJUSY LATE OF ON WALL A HOUR AM. MONTH DAY YEAR THE ADDRESS THE TIME OF THE CONTROL OF THE TARK THE LATE OF THE TARK THE LATE OF THE TIME OF			T	1		Edith A. Hut	tton, 2215 Salt L			
DUE TO, OR AS ACONSEQUENCE OF Union with the property of the terminal disease or condition given in Part 1:0 Part 2 Other significant conditions contribution to Death But not related to the terminal disease or condition given in Part 1:0 Part 2 Other significant conditions contribution to Death But not related to the terminal disease or condition given in Part 1:0 Part 2 Other significant conditions contribution to Death But not related to the terminal disease or condition given in Part 1:0 Part 2 Other significant conditions from the terminal disease or condition in Part 1:0 Part 2 Other significant conditions from the disease of the terminal disease or conditions in Part 1:0 Part 2 Other significant conditions from the condition of the disease of the part 1:0 Part 2 Other significant conditions from the conditions of the condition			IMMEDIAT	E CAUSE (0)	spiral	Lespiety 1	Pailine	3-4 years		
Patriet refused to Come to Located Security Adjusted to Come to Location (Critical Management) 196. Date of Operation 196. Ondition for which depends used in Critical Management (Come of the Come of t		189	couse (a), stoting the	1 10 de	vere	0	englysem	10-20 yrs		
The NUMBY OCCURRED The PLACE OF INJURY THE PLACE		TION	Petrei	refused	to Come	eto hospita	I seven day	s before he died		
The Major occurrence of the Community of the Major of the Major occurrence of the Community of the Major o	1	RTIFICA		0	WHICH OPERATION	L. Direct	YES NO NO	FYING CAUSES OF DEATH?		
23a L certify that (1) the hospital attended the described from 19 to 19	7		OF CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT		The HOW INJURY OCCUR	RED (soutpa nature or mount in its in le	PART : GBP48T21		
230. BURIAL, CREMATION, REMOVAL (SPECIFF) Burial 7/18/87 At Name of Cemetery or Crematory Delta 1230. Date Record 1230. Date Record 1230. Date Record 1330.		MEDIC			OFFICE FARM, ETC.)	ZII LOCATION	CHYOLOWN	PIANT PIANDS		
23d Physician's Name (Type or Print) Albert S.C. Sun M.D. 1800 Harford Road, Fallston, Maryland 23d Burial, Cremation, Removal (SPECHY) Burial 7/18/87 23d Name of Cemetery or Crematory 23d Location Delta York PA State 7/18/87 Mt. Nebo 25d Date 25d			22n I certify that it ithis hospital	Try 11	to July 7, death second he	ur and from the causes stated				
Albert S.C. Sun M.D. 1800 Harford Road, Fallston, Maryland 236 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY Burial 7/18/87 Mt. Nebo 236 NAME OF CEMETERY OR CREMATORY DELta YORK PASTATE 24 FUNERAL DIRECTOR 256 DATE REC'D, BY REGISTRAR'S SIGNATURE			276 SIGNATURE	Som U		ATTENDING	/ MEDICAL STAFF 7///8			
236 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 236 DATE 7/18/87 Mt. Nebo 236 DATE REC'D, BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 256. DATE REC'D, BY REGISTRAR'S SIGNATURE 3.		1			/	The state of the s	rd Road, Falleto	n Maryland 2100		
24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR'256, REGISTRAR'S SIGNATURE		23a B	BURIAL CREMATION REMOVAL	236 DATE		EMETERY OR CREMATORY	23d LOCATION			
		-			VIII					

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Harkins Funeral Home, Inc., 600 Main St. Delta, Pa.

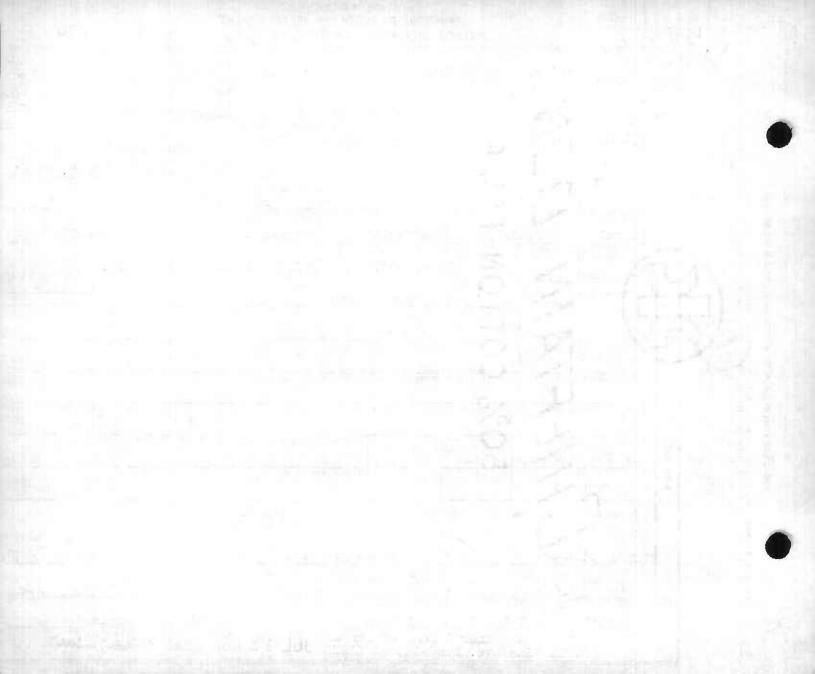
STATE OF MARYLAND 060579 JUL 24 87 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME KNOWN TYPE OR PRINTI OF ESTI-DEATH MATED Jowell Gay Evans SEX DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHOAYS PRONOUNCED Dec/22/1957 Male DEAD Black 6-29-87 19 RDMM TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Haiti, West Indies U.S.A. DIVORCED Harford County IN CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore I-95 S. of Rt. SSG E-6 U.S. Army USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS New York 191-35 Pineville Queens Co Jamai ea FATHER'S NAME IS. MOTHER'S MAIDEN NAME Gerard E. Jasmin Jessula Bernard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO. IYES, NO. OR UNKNOWN! 1977-1987 054-58-1981 Gerard Jasmen (Father) Same as # Yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? CUTE THE CERTIFICATE, WRITING THE WORD," PRESENDED BE FORWARDED TO THE CHIEF INDIRECTOR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE TIME THE STATE DEPARTMENT OF HE TIME E, MARYLAND, \$1.201 PRIOR TO BURIAL, 20 AUTOPSY? YES T NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH reneated on impact 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED STREET FACTORY FARM FTC I WHILE AT WORK Harford Co., Maryland I-95 S. of Rt. 155 hawy. Autapsy X 220. I certify that I took charge of the remains described above, held an Inspection and in my apinian Hamicide Undetermined manner death resulted fram: Natural causes Accident TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE 6-30-87 EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Kewgardens 7/20/87 New york Mapel Grove Cemetery Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Riverdale, Maryland W. Chambers Co., Inc. (VR A15 ME (5))

deposit of the party of

.E. | Fr | (** | F*) | F | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T | E | T |

n. . desices to., Eq. Strength, France and a list following the strength of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE ORDEATH DECEASED NAME 20. DATE KNOWN LETTE OF PRINTS DEATH MATED Samuel Gene Jefferies, Sr. A AGE INTEACT IF UNDER 1 YR. TIS UNDER 24 HIS ts. wait OF BIRTH 2c DATE LAST BUTMELAY PRONOUNCED 5-20-35 52 DEAD Male White TO BUTTING ACE INTAILOR TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland USA WIDOWED L DIVORCED Harford County IN USUAL OCCUPATION THE OF WORK LITE KIND OF BUSINESS BE CITY PLE THUM OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Fallston Fallston General Hospital Steel worker Beth. Steel USUAL RESIDENCE (IVIN NURSING HOME OF OTHER INSTITUTION OF TELLOWICE NO ILB COUNTY HE CITY OF TOWN Da STATE 134. MSIDE CITY LIMITS? Life STREET ADDRESS-Maryland Harford Edgewood NO PE . 1953 Sidnee Drive 21040 IL FATHER'S NAME IS MOTHER'S MAJDEN NAME MEDIDICE PWST David Jefferies F. Pakul1 Samuel Margaret ADDRESS Ide: WAS DECEASED EVER IN U.S. ARMED FORCEST HAS SOCIAL SECURITY NO 160-30-5478 No Louise Weidner Same as 13e. 18. CAUSE OF DEATH (Enter only one couse per line let (g), (b), one RETWIERN CHICET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE in DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in. IVE DATE OF OPERATION 194 CONDITION FOR WHICH OPERATION WAS PERFORMED? 18 AUTOPSY? VES [] NO. Itia EXTERNAL CAUSE WAS 21b. TIME OF INJURY THE HOW INJURY OCCURRED LEWISE HATLISE OF HUMBY IN ITEM 18 PART J OR FARE 25 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY DATHOME 211 LOCATION STREET, FACTORY, FARM, ETC./ STREET CITY OF TOWN COUNTY STATE WHILE AT WORK FUNERAL DIRECTOR: ER DEATH WITH THE 27a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Homicide death resulted from Natural courses Undetermined monner ACTUAL EXAMINER'S NAME 8 TYPE OR PRINT) 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 7-14-87 Oak Lawn Baltimore, Maryland Burial 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24. FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk **DHMH - 17** 7922 Wise Ave. Dundalk, MD 21222 (VR A15 ME (5))



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after retained by the hospital or attending physician.

DHMH - 16 66

8 2 JUL 1	10	Film G629 it FOR 7/15/87 STATE REGISTRAR			DE	PARTM	NENT OF H	OF MARYLEALTH AND	MENTAL HY	GIENE	7	2	0	6	4 /
		CEASED NAME	FIRST		MIDDLE		· L	AST		2a DA	REG.	MONTH	DAY	YEAR	2b. HOUR
page 3	(TYPE	De:	llia	E	Emma		K	elly				7	4	87	6:20P M
pod ter d	3. SE:			4. RACE			5. DATE C	F BIRTH		6 AGE	I IN YEARS LAST I	BIRTHDAY)	IF UN	DER 1 YEAR	IF UNDER 24 HRS
irs of	F	emale		White			12	7	29"	57		YRS	MONTH	DATS	HOURS MIN.
25 Po de		RTHPLACE ISTATE OR F COUNTRY) ryland	OREIGN	U.S	S.A.	NTRY?	MARRIE WIDOWE		MARRIED	9 BALT	More City Harfo		TYOF	DEATH	MD.
Con the second s		avre de Gr		11. NAME OF (IF NOT IN SI 104 T	HOSPITAL, N UCH FACILITY, GIV Deaver			R OTHER INS	TITUTION	Hon	work for MOS lemaker	TION TOF WORKING	LIFE) IN	L KINDO IDUSTRY	F BUSINESS OR
filled in	13a. S	AL RESIDENCE (IF NURS STATE ryland	13b COUN Harf	TY	134 CITY O Havre	R TOWN	ADMISSION) Grac	13d INSIDE	CITY LIMITS?	131 502	Deave	r Str	DE eet/	/ 210	78
Ond School	14. FA	Charles E	dward	AIDDLE	Malone	sst e y		15 MOTHER Mar	s MAIDEN NA FORST garet	AME		elia		E11i	ott
hysician and co papers. Pages I haval.		VAS DECEASED EVER YES NO OR UNKNOWN)	I IF YES GIVE	WAR OR DATES)	220-2	24-6	360	Willi	am N.	Kelly		RESS			MATE INTERVAL DNSET AND DEATH
ned by the ottending p The please remove carbon to autiol, cremation, ar rem and y, or other troumatic eve	NOI	Conditions, if any, gove rise to improve to improve to improve to improve to improve the couse the country to t	which nediate g the last.	DUE TO, (b) DUE TO, (c)	OR AS A CON	ISEQUE	NCE OF	CAI	Vocak			LEST	1	L #	mm
Hos be-	CERTIFICATION	19a DATE OF OPERA	ION	196 CONI	DITION FOR V	which (OPERATIO			YES		IN CER	TIFYING	CAUSES	IGS USED OF DEATH? NO
offending physic ffer mill centricutures in as the minimal in h and Minimal in orked at them is a	MEDICAL CE	21a, ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEAT TAL EXAMINER)	HOUR A	OF INJURY A.M. MONT P.M. E OF INJURY STREET FACTORY	OFFICE FA	19	21f LOCATI	ON O	RRED (EN	ER NATURE OF IN			OR PART 2)	STATE
o hospital or DIRECTOR: A sched for use Dept. of Healt f Item 21 is mo		17th Signature	this hound ed alive on edition not	ew the fad	2 2	719 8	1	d that y (my) our) opinion	, to a death oc	curred on the	date and h		from the	that (I) (we) lost couses stated
TO FUNERAL should be deto with the State IMPORTANT:		Jaon P.			8		,-	22e ADDRE	PHYSICIAN	X) DIREC	TOR PHYS	ICIAN [n, MD	110	11/
₽ ₽₽\$ ₹ /	Bu	BURIAL, CREMATION SPECIFY)		7-7-1	87				CREMATORY	23d A	OCATION CITY OR TOWN Derdeet	n,Hari	ford	, Mai	ryland
WH - 16 60M 7/84 (VRA 15, 4)		uneral director ring Fune	rtal	Home,P	.A.,Abo	oress erde	een,MI	,2100	25a. DA	UL 9	By REGISTRA 198	7 25b. REG	STRAR'S	SSIGNAT	URKandasa

Messel and the manufactor of the cost Land Library HOUSE HILLIAM CONTRACTOR CONTRACTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 22 BTREGISTRAR JUL CERTIFICATE OF DEATH REG. NO 1 DECEASED NAME MIDDLI 20 DATE OF DEATH MONTH 7b HOUR LIVPE OR PRINTS abod (n) -4. RACE IF UNDER I YEAR 1 SEX 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY! MONTH YEAR February 13, 1910 77 YRS WHITE MALE 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Marford USA WIDOWED [DIVORCED [19 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Varillede Grave TRANSPORTATION Memorical TRUCK DRIVER USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 130 STATE 1136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? YES X NO [5 PARADISE DRIVE 21078 HARFORD HAVRE de GRACE 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME 61051 MIDDLE LAST MIDDLE LAST MARTHA OSHINSKI KOTZ **AUGUST** ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT LYES NO OR UNKNOWNS (IE YES GIVE WAR OR DATES) SAME AS #13e 195 09 4300 MRS. JEAN ANN KOTZ APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only and course bet life of tall to and ic PART I. DE ATH WAS CAUSED Conditions, if ony, which gave rise to immediate couse (o), stoting underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOD 216 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH PAA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 71s. PLACE OF INJURY 10000 CITY OR TOWN STATE AT HOME STREET FACTORY, OFFICE LARM STOT NOT WHILE 22s.I certify that (I) (this hospital) whended the deceased from sow the deceased alive an. nd that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) tolid) (did not I view 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS old t with 236 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY BURIAL 22 JULY 1987 HOLY TRINITY CEMETERY NANTICOKE, LUZERNE, COUNTY, 24 FUNERAL DIRECTOR GRONTKOWSKI FUNERAL HOME NANTICOKE, PA. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84

MITCHELL FUNERAL HOME, PA HAVRE de GRACE, MD. 21078

(VRA 15, 4)

061753 AUG	5 BTOR TATE REGISTRAR		DEPAR	MENT OF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE RE 2	064	9
moy be poge 3 ler death	TYPE OR PRINT)	Francis	Larl	I	ambrisky	20.07.12.07.02.11.1	, 1987	2b. HOUR
mo)	3. SEX Ma]		White	5. DATE (il 3, 1919	6 AGE (IN YEARS LAST BIR	YRS.	
n 72 hou	Johnsto	wn, Pa.	USA	? 8. MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	CO.Md.	MD.
oy the for	Edgewo		1. NAME OF HOSPITAL, NURS	ING HOME (Dr. Md.	120 USUAL OCCUPATI	F WORKING LIFE! INDUSTR'	OF BUSINESS OR Y
AND 212 24 hour filled in ourd be f	USUAL RESIDENCE 130. STATE Marylan	13b COUNT		WN	13d INSIDE CITY LIMITS?	136 STREET ADDRESS	zip code ford Sa. Dr	1.21040 r.Edgewood
MARYLA ed within mpletely end 2 sh	John John	Willi	Lambri	sky	15 MOTHER'S MAIDEN NA/	Jnknown	l.	AST
BALTIMORE, MARYLAND cate be executed within 24 ysision and completely fille opeis. Pages 1 and 2 shoyfd you! m. the medical exampler and	160. WAS DECEASE (YES, NO OR UNKNO	S W W	WAR OR DATES)		Frances L	ADDRE	as above	
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert cathending physician. (fer this certificate has been signed by the attendant os the burnal-transit permit. Then please remove carbosis th and Mental Hygiene prior to buriol, crematical active orked at them? 8 shows ony injury, or other traumantices	gave rise couse (o), underlying	couse lost.	DUE TO, OR AS A GONSEON (b) DUE TO, OR AS A CONSEON (c) ONDITIONS CONTRIBUTING TO	UENCE OF	NOT RELATED TO THE TERM		CARCINON DITION GIVEN IN PART I	
he low re an. hos beer t permit.	NOLL STORY OF THE	OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	
PHYSICIAN: The rending physician this certificate I he burnal-transit and Mentol Hygie differential education of the rending o	OR CONTRIBUTI	WAS UNDERLYING ON CAUSE OF DEATH THEY MEDICAL EXAMINER) OCCURRED NOT WILLE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19	211 LOCATION STREET	ED (ENTER NATURE OF INJUIL		STATE
OR ATTENDIO or e hospitol or DIRECTOR. A sched for use Dept. of Heal of them 21 is m	22s-1 certify,	that II theretains to deceased give a live I did (bid not)	Il attended the deceased from	7-	nd that in (my) our) opinion of DEGREE ATTENDING	MEDICAL STAL	22c. DAT	that (I) we) lost the comes stoted
TO HOSPITAL reformed by the TO Flyck Ball should be deter	230 BURIAL, CREM.	WP	23b. DATE 23c		PHYSICIAN PHYSIC	DAR 1	A.A.Cound	1047 STATE
BP DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIREC	TOR	14 2/13 04070		25- DA1	E REC'D. BY REGISTRAR	25b REGISTRAR'S SIGNA	

MUID OF

The second state of the second second

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH ... REGISTRAR 060070 20 DATE KNOWN MONTH ESTI-DEATH MATED 3 SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 10 09 Male White 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OF CULINTY OF BEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland United States WIDOWED & DIVORCED TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Civil Engineer Surveying 13a STATE 13d. INSIDE CITY LIMITS? Me STREET YES [14, FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST EIRST MIDDLE R. Van Trump Susan Charles Mace 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Street, MD (YES, NO. OR UNKNOWN) Sidney R. Mace 1205 Priestford Road 215-14-4632 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME. 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY QB-TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion death resulted fram: Natural couses Accident Homicide Undetermined monner TITLE (SPECIFY) SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION PA York York Yorktowne Crematory Cremation 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 1255, REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Harkins Funeral Home, Inc. 600 Main St. Delta.

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH DECEASED NAME 2n DATE OF DEATH MONTH 26 HOUR LIYPE OR PRINTS dona 4. RACE 1 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR Female Caucasian Oct. 7a. BIRTHPLACE I STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OUNTRY) Marvland Harford WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING HEE) INDUSTRY ousewife Conval Home JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21084 136 COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE ettsvi Jarrettsvil 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE FIRST LAST Joseph Garev Josephine Rover 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT (YES. NO OR UNKNOWN) (IF YES. GIVE WAR OR DATES) 0-744 6-1 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per line (600), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 RECORDS, CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [sho Hygi 7 In ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED ŏ 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 6/25/84 sow the deceased alive on_ __, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated Pabove, (1) (we) (did) (did not) wew the body ofter death. 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN old be de MPORTANT KIAN'S NAME ITHIN OF THE 22e. ADDRESS 0 230. BURIAL, CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Jarrettsvil 24. FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR 256 DHMH - 16 60M 7/84 adden Kurtz Jarrettsville (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME (TYPE OR PRINT) FUNCTOR.

OF YOUR FILES.

MITHIN 72 HOURS

HESTON STREET, William McLaughlin Earl DEATH MATED Jr. 4. RACE 3. SEX 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED Jan. 6, 1951 Male White 36 YRS DEAD 1987 PO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Md. USA DIVORCED TO WIDOWED [Harford County IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Fallston Fallston General Hospital Mgr. Night Club AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 3n STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Harford 1228 Trappe Rd. 21154 Md. Street ZE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Earl McLaughlin Sr. Bridgeman Doris 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT DIVISION 219-56-4216 Mrs. Doris Finnegan 3707 Springwood Ave. no 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG WITH THE THE TORS SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTERDEM THIS STATE DEPARTMENT OF HÉALTH AND MENTAL HYGIENE, DAGING, AND 22201 PROR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries MMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Driver of auto/fixed object impact 21e PLACE OF INJURY 21d INJURY OCCURRED II. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Darlington, MD. of Allibone Rd. Street Harford Co. 22a I certify that I toak charge of the remains described above, held on death resulted from: Natural couses Accident Homicide Undetermined monner TITLE (SPECIFY) Deputy Chief DATE 7-2-87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 ADDRESS. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Catonsville Cremation Westview Memorial July 6,1987 Balto. Md. 07/84 236 CONTRACTOR 25M 24 FUNERAL DIRECTOR 250. DATE RECTO BY RESSER **DHMH - 17** Leonard J. Ruck Inc. Baltimore, Maryland (VR A15 ME (5))

er in the state of the state of

= PF Intificante atten

and that each

And the second first as Second backers, backers,

meson the Bart Malaughtur St. David William St.

evi home i to an all production of the second

It will will be to the control of the second of the second

hasten, wronted out do to bronout

I n q Alich	0.87		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
109 AUG	STATE		ME	DICAL EX					Dec	Nb. 5	5 4	
	DECEASED NAM	NE FIRST		WIDDLE		LAST		2a. D.	ATE KNOW	-		2b HOUR
35	(TYPE OR PRINT)	Jar	mes	Calvin		Mus	sser	DE	OF ESTI-		30 19 87	
3	. SEX	4 RACE	5. DATE OF BIRTH		GE (IN YEARS IF U	INDER 1 YR.	IF UNDER		DATE	MONTH	DAY YEAR	2d HOUR
L	Male	Cau.	11/18/	1948 3		THS DAYS	Hours	MIN PROM	OUNCED DEAD	7	30 1987	9:16
1	O. BIRTHPLACE I		7b. CITIZEN OF W		8. MAR	RIED NE	VER MARR	IED I 9 BA	LTIMORE CI	TY OR COUN	TY OF DEATH	
4	Maryla			S.A.		WED 🗆	DIVORC		larfor	d Count	ty,	MD.
F	0. CITY OR TOWN	/	(IF NOT IN SUCH F	SPITAL, NURSIN ACILITY, GIVE STREET	ADDRESS)		NOITI	120 USUAL O	E WORKING LIFE		OR INDUST	JSINESS RY
	Fallsto		Fallst	on Gene	cal Hosp	ital		Line	man		Electr	
h	30 STATE	136 COU	INTY	13c. CITY OR	OWN	-	The same of				2108	37
1	Marylan		ltimore	King	sville	YES	NO X		Mt.	Vista	Road	
1	Frank		William	LAST TO ST		F	ER'S MAIDE		MIDDLE		1AST	
K	60. WAS DECEASE			Muss	ECURITY NO.	17. INFOR	rgin	1a	ADD		Board	
-	YES, NO, OR UNKN	1968	8-1971		6-3991			A. Wag			tminist	on M
-			anly ane cause per lin			1 410	110	A · II CLE	iler	1100	APPROXIMAT	
1	PARTID	EATH WAS CAUS	FD RY.						14	10.175	BETWEEN ONSE	
32		IMMEDI		Arterios R AS A CONSEO		e care	HOVAS	cular c	useas	5	+	
1	Canditio	ans, if any, which		(A3 A CO (13EQ	OLINCE OI							
3		ise to immediate) stating the unde	< ''		15,105 -5							
	lying ca		DUE TO, OF	R AS A CONSEQ	UENCE OF							
1	PART 2 DIHER S	IGNIFICANT CONDITION	(c) NS CONTRIBUTING TO DEATH	BUT NOT BELATED TO	THE TERMINAL PACE	CE DO COMPIZIO	all clurts to a		-			
		TOTAL CONDITION	CONTRIBUTION TO DEATH	WOT NOT RELATED IT	THE TERMINAL DISEA	טווועאט אג נטאטוווע	IN GIVEN IN PA	KI I I O				
1	190. DATE O	FOPERATION	196 COND	TION FOR WHIC	H OPERATION Y	WAS PERFOR	RMED?				2D AUTOPSY	?
-	SF.		- 1									
1	190. DATE O	AL CAUSE WAS	21b. TIME O		21c.1	HOW INJURY	OCCURRE	D (ENTER NATURE	OF INJURY IN ITE	M 18 PART I OR P	YES LT	NO [
		G OR		A. MONTH DAY	YEAR							
-	21d INJURY	OCCURRED	21e PLACE	OF INJURY (AT	19 HOME, 21f LG	OCATION						
1	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	Acres 1	STREET		CITY	OR TOWN	C	YTAUC	STATE
			manual series and									
	22a. l cert	1 1	rge of the remains de	scribed oblive, h	ARV W	T 45	Inspection		uiry L.	and in my o	pinian	
1	death resul	ted rom: Not	hurdi couses M.L.	Arcident	, ~Suicide L	, Hamie	cide 🔲	Undetermine	d manner			
	ACTUAL	1 1/2	L Pa	KIMIN		TITLE (S	SPECIFY)			DATE		
1	SIGNATURE	VI	11/	14		M.D. ASS	istan	+ MEDICAL E	XAMINER	SIGN	ED_7-31-	87
1	EXAMINER'S	NAME OL	.1 5 77	/			444	D 01			2 0400	
1	(TYPE OR PR		rles P. Ko			ADDRESS_		Penn St		lto. Mo	2120	L
12	3a.BURIAL, CREMA (SPECIFY)			_	OF CEMETERY			23d. LOCATION	N.			TATE
-	4. FUNERAL DIRE	rial	8/3/198	7 Bel	Air M		ar.		IT	Har	Lord	Md.
	NAME		ACIORES	5		35.2	ANK	OS 198	77 ZJB	LOISTRAK S	SIGNATURA STATE	
	M. Glad	den Kur	rtz Ja	rretts	ville,	Ma.	7100	0 0 100	- 4			,

o ins. 11/19/1909 36

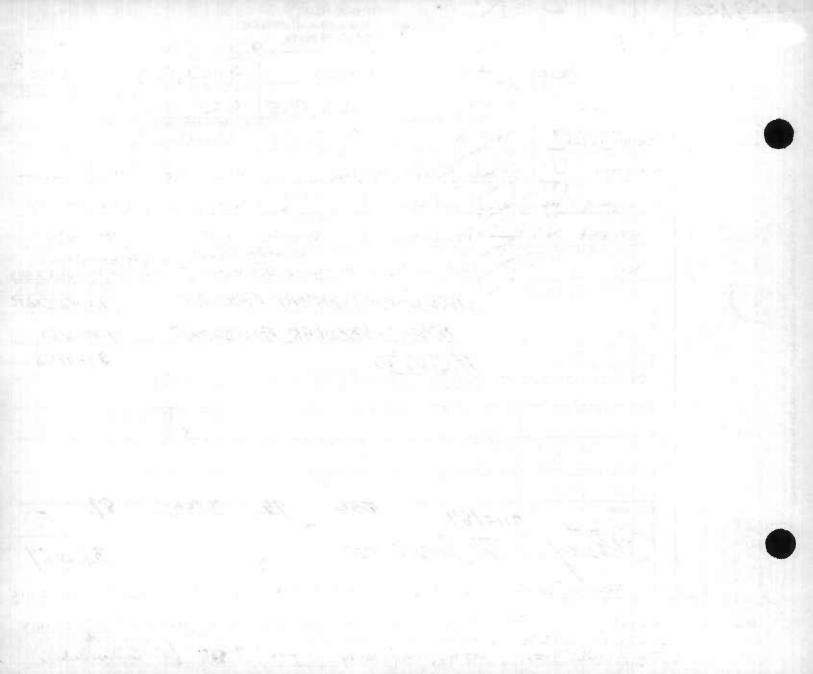
L.E. I. B.S. II Market State of the Line o

back out to the contract of the back of the back of the back of

Mineral Lynn the state . State Logical Alfa Lynn set

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH KNOWN X (TYPE OR PRINT) DEATH MATED - 7-24-8710 CLINTON PAINTER DENNIS 4. RACE 5 DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED Feb. 14, 1965 22 7-124-87。 8:45 Male White DEAD BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY Maryland USA WIDOWED DIVORCED Harford County O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS B&O Railroad tracks ami. E. of Clayton Rd. Laborer Joppa Construction EUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21040 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN 3810 Willoughby Beach Road Maryland Harford Edgewood NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lettie Jametha Painter Game Rov 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. IT. INFORMANT ADDRESS Edgewood, Md. 21040 Lettie J. Arnold, 3810 Willoughby Beach Rd 216-94-9491 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) ETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries AIMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) (XOR UNDERLYING pedestrian struck by a train CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 71f LOCATION PAGE 4 SHOULD BE FORWARINED TO FUNERAL DIRECTOR: PAGE 3 SAFTER DEATH, WITH THE STATE DE BALTIMORE, MARY (AND, 2120) HE STREET, FACTORY, FARM, FTC CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I toak charge af the remains described above, held an Autopsy Natural causes Undetermined manner TITLE (SPECIFY) 7-24-87 Assistant MEDICAL EXAMINER EXAMINER'S NAME Mario F. Golle, Jr., M.D. ADDRESS. 111 Penn Street (TYPE OR PRINT) 236 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Cremation July 28,1987 R.A. Ferris Crematory W.Chester Chester 07/B4 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ma Devider Renders Howard K. McComas III, Abingdon, Md. 21009 JUL 28 1987 (VR A15 ME (5))

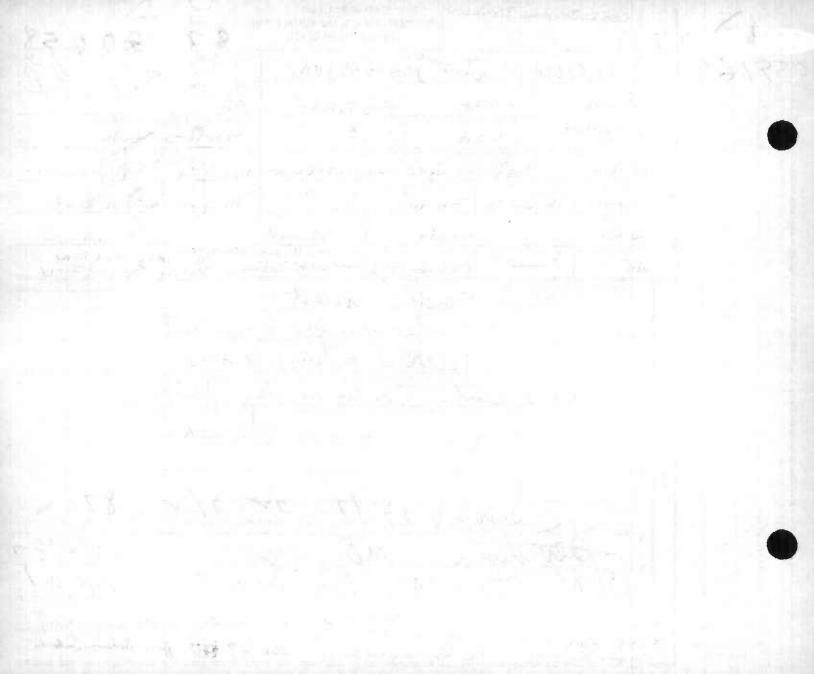
059154					STAT	OF MARYLAND						
101	1.	FOR		DEPARTM		EALTH AND MENTAL HYG	TGIENE					
	II.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0	0 0	Ó		
		CEASED NAME FIRST	MIDI			AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR A		
r. page 3		Daro	thy ST	EPD)	HAY.	Erson	July 3, 1987 11:50					
r. po	3. SE.	K	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 1 MONTHS DAYS HOURS					
Page 4 i		FEMALE	Whit	E	WOW	rch 6, 19/25	62	YRS	NIHS DAYS	HOURS MIN.		
death. Programmeral dj	-	PENNSY VIVIE	76 CITIZEN OF WH		MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	_	FDEATH	MD.		
s ofter of the filled with an infilled with		TY OR TOWN OF DEATH	11. NAME OF HO (IF NOT IN SUCH F)	SPITAL, NURSING ACILITY GIVE STREET A	GHOME CO	ROTHER INSTITUTION	120 USUAL OCCUPATION OF COMMENT OF WORK FOR MOST CO	F WORKING LIFE)	INDUSTRY	F BUSINESS OR		
in 24 haurs in 24 haurs in 24 haurs in 24 haurs in 24 haurs in 24 haurs	130 5		OTHER INSTITUTION, GIV	E RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13 e.STREET ADDRESS	ZIP CODE	Court	1014		
MARYI Smpletel	14. FA	ECNEST VI	Ctor 1	Tuders	40.	15. MOTHER'S MAIDEN NA	Edompole		Mor	TLS		
BALTIMORE, MARYLAND The be executed within 24 The completely filler The completely filler Body St. Pages I and 2 should The medical endiner mass The medical end manager mass end manager mass The medical end manager mass end mas		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	E MAN OR DATES	SOCIAL SECUR		Mr. WATER O.	PAHETSON, J.	HOO FOR	ir Man	Court MAN 21014		
ST.,		18 CAUSE OF DEATH LENter or PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	ARDIO.	RE	PILATORY	PAILURE		APPROXI-	MATE INTERVAL DISSET AND DEATH		
W. PREST		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	S PCONSEQUE	ROVI	BEULAR A	topens		V . V .	ARS		
201 es the plec	NOL	PART 2. OTHER SIGNIFICANT (CONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	,		
AL RECOI	CERTIFICATION	190 DATE OF OPERATION	196. CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES			
SION OF VITA PHYSICIAN: TH andring physics this certificate the burial-transit defined Mental Hygie		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA		NJURY MONTH DA	Y YEAR	21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)			
NG PHYSICIAN: The low require after this certificate has been sign as the buriol-transit permit. Then th and Mental Hygiene prior to be acked or Item 8 shows any injury arked or Item 8 shows any injury	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME STREET,	INJURY FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
ATTENDI spital ar CTOR: A Ifor use of Heal		220.1 certify that (1) (this hospi saw the deceased alive on above, (1) (see) (chd) (did no	tal) ottended the d	eceased fram19 er death.		d that in (my) (our) apınian (death accurred an the do	te and hour a	nd from the o	hat (1) (🗪) last couses stated		
		Marcy 1	roller l	Ame	Un		MEDICAL STAF DIRECTOR PHYSIC	F IAN 🗌	350	RY87		
TO HOSPITAL (retained by the TO FUNERAL (s should be detained the Store (IMPORTANT: If		THATVEY PO	octor Sid			HOI Franki	in Street,	BELAN	MAN	phy DIDIX		
BP	-	URIAL, CREMATION, REMOVAL SPECIFY Burnal	July 6, 19	87 B	el Au	MENOUS CREMATORY		ماركه	Mary	121014		
DHMH · 16 60M 7/84 (VRA 15, 4)	24 FT O	meral director with Fos	ter sou	ADDRESS NA		1111	0 7 1087	1 .	R'S SIGNATI	JRE		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH poge 3 (TYPE OR PRINT) ladus 26 cman 4 RACE A. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 1 YEAR MONTH YEAR ema White Sent 1910 BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWEDKT New Jersev DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IF NOT INSUCH FACILITY, CIVESTREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home maker 13d. INSIDE CITY LIMITS? 13 & STREET ADDRESS / ZIP CODE YES X FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLI MIDDLE UNKNOWN UNKNOWN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT NO OR UNKNOWN) Evelyn Kollmar,626 Brenda Lane

Aberdeen, Md. 21001 (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause ps PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Tule Coron Conditions, if ony, which gave rise to immediate couse (a), stating underlying cause ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a DIVISION OF VITAL RECORDS, CERTIFICATION 20h IF YES. WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | NO I 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 22a.1 artify that (II this haspital) ottended the deceased fram and that in (my) (our) opinian death occurred an the date and hour and from the couse's stated (live did idid not view the body after death DEGREE MEDICAL ATTENDING should be deto with the State IMPORTANT: I PHYSICIAN TOIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 0 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE (SPECIFBurial/Removal CITY OR TOWN COUNTY 7/29/87 Hollvwood Mem. Cem. Union Union 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399 (VRA 15, 4)

15	500 CE	Elia Joseph	iNE Robi	usch		E OF MARYLAND		ME			
DUL 19	STATE REGISTRAL		Ast 1		CERTI	ICATE OF DEA		8 7	2 NO.	201	. 58
59/63	1. DECEASED NAM	EGLIV	4 1	OSEPHIN	RAP	NSVA	/	O DATE OF DEAT	July	2/87	2h HUBUR, SO
ctor. par	3. SEX	ALE	4. RACE		S. DATE	H DAY	YEAR	AGE (IN YEARS LA	ST BIRTHD	MOMHE DAYS	HOURS MIN.
on h. Pag	To. BIRTHPLACE		76 CITIZEN OF		TRY? 8. MARRIE WIDOW	D NEVER MAR	RRIED -	BALTIMORE CIT	Y OR COUN		AAF
the state of the s	TO CITY OR TOWN		(IF NOT IN SU	CH FACILITY, GIVES	IRSING HOME	OR OTHER INSTITU	TION	120 USUAL OCCU	PATION OST OF WORKING	126. KIND O INDUSTRY	F BUSINESS OR
24 hours	USUAL RESIDENCE 130. STATE	E (IF NURSING HOME C	OR OTHER INSTITUTION		BEFORE ADMISSION)	13d INSIDE CITY		3e.STREET ADDRE	SS / ZIP CO	DE 2/2	14
120	14 FATHER'S NAM	NE .	WIDDLE	GAJAST	A	15. MOTHER'S MA				LAS	
ote be executed within 24 yields and completely filled poet. Pagins Length Administration of the magainer and the medical exagainer and		ED EVER IN U.S. A	RMED FORCES?		SECURITY NO.		Husbac		South M	nominad	PAG.
chicate b physician spapert, moval.	18 CAUSE PART I.	OF DEATH (Enter of DEATH WAS CAUS	inly one couse pe ED BY: ATE CAUSE (a)	r line for (o), (b		mes	t				MATE INTERVAL ONSET AND DEATH
eath cert fending re carba on, ar	Conditions	, if any, which		R AS A CONSI	11	rsula	, a	ccido	ut		
es that the death ered by the attendin please remove corburial, cremation, or cother traumatic.	gove rise	ta immediate , stating the	DUE TO, C	OR AS A CONSI	1	onten	NIC	aus.	ì		
equires the signed Then plectorial injury, or		HER SIGNIFICANT	CONDITIONS	ONIRIBUTING	TO DEATH BUT		THE TERMIN	IAL DISEASE DE C	ONDITION G		٠ د
an. has been permit. ene prior	19a DATE O	F OPERATION	19b. COND	DITION FOR WE	HICH OPERATIO	N WAS PERFORM	ED	YES NO	IN CERT	ES, WERE FINDIN	NGS USED OF DEATH?
CIAN: Ti physicie prificate al-transit atal Hygin	00.000410101	IT WAS UNDERLYING [ITING CAUSE OF DE	HOUR A		DAY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF			
NG PHYSICIAN: The law requir attending physician. After this certificate has been sign as the buriol-transit permit. Then the and Mental Hygiene prior to be arked as then I'll shows any injury arked as then I'll shows any injury	~	OCCURRED NOT WHILE AT WORK	21e PLACE	OF INJURY		211. LOCATION STREET		CITY	OR TOWN	COUNTY	STATE
TTENDIN pital ar a TOR. Aff far use ar af Health	22a certif	that (1) (this hasp e deceased alive or (1) (Ne) (did) (and a	JUNE	729	1-17	nd that in (my) (au	19 7 V	oth occurred on the	he date and he	9	that (1) (ve) last
AL OR A the has the has all DIRECted to Dept.	27b. SIGNA		Olous	, difer deciri.	N	DEGREE ATTE	ENDING SICIAN DE	MEDICAL DIRECTOR PH	STAFF	72c DATE	SIGNED F
TO HOSPITAL retained by the TO FUNERAL I should be deto with the Store I IMPORTANT; if	22d. PHYSIC	IAN'S NAME HYPE	CH PRINT	SYZ	A	120 ADDRESS	S. MA	IN ST.	BE	ZAIR	and
₽₽ ₽₽ ₹ E	23a. BURIAL, CRE/ (SPECIFY)	MATION, REMOVA	Dury 6,			EMETERY OR CRE		23d. LOCATION		COUNTY Manya	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 EUNERAL DIRE	CTORliain Fo	STET 50	W. BroA		rlliams &		REC'D, BY REGIST	RAR 256 REGI	STRAR'S SIGNAT	LIRE /



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED NAME 2a DATE OF DEATH AGE (IN YEARS LAST BURTHDAY) MONTH YEAR 7a. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MD USA WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION INDUSTRY Housewife Genera Domestic ISUAL NE. ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Harford Bel Air 13 Lexington Rd/21014 NO TO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jesse Hugh Trott, Sr Nettie Estelle Taylor 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) IF YES GIVE WAR OR DATES John W. Robinson (same) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gave rise to immediate Were levon an asturda couse (a), stating the AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICAN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STREET CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 orked NOT WHILE 220.1 certify that (1) (this habital) attended the deceased from saw the deceased aliv and that in (my) (our) opinion death occurred an the date and hour and fram the causes stated abave, (1) (we) (did) (dut) ot) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF nould be deta DIRECTOR PHYSICIAN MPORTANT. PHYSICIAN Road: Fallsh HDZING 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY STATE Buria1 7-21-87 Friendship UMC Friendship 24 FUNERAL DIRECTOR 250. DAJE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Rausch FH Owings, MD DHMH - 16 60M 7/84 NAME (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE OF DEATH YEAR FIRST MONTH 2h HOUR TYPE OR PRINTS CECILIA Anna Rollins 07 06 87 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX MONTH HOURS June 1, 1898 female Cau. To. BIRTHPLACE ISLATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED NEW YORK WIDOWED DIVORCED [] 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION IB CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION 12 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BEI An BH for Nursing HOUSELOZIE Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE HARCOND CO. Forest Hill 2406 DIXIE LANE MARWANA A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE KATHETINE WEIS Emi 17 INFORMANTS 00 1936-9358 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 2406 DIXIE LANE IYES, NO OR UNKNOWN HEYES GIVE WAR OR DATEST Mr. Raymord F. Rollins Forest Hill, Maryland 21050 217-86-6443 HO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENT Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO YES M NO M 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased above an abave, (1) (we) (did) (and not) view the bady after death. and that in (my) rour) apinian death accurred on the date and have and from the causes stated 27h. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN NAME THE CHENT 22e ADDRES 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION BUTTE STATE MorelAnd Memoral Park Com July 8, 1987 Baltimore, SOWIB MORDEN & Williams St. William Foster DHMH - 16 60M 7/84 BELAIR, MARYING 21014 (VRA 15, 4)

ST	ATE	OF	MAR	YLA	ND
2.	4.0		*** 5414		

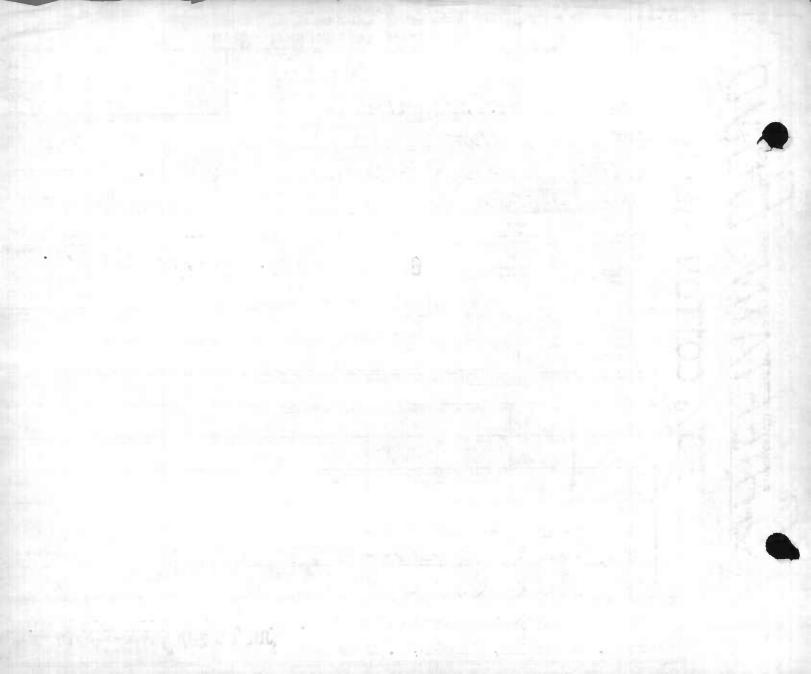
	2	0	0	0	
REG. NO.					

159149 J	1/-	FOR STATE REGISTRAR		DEPARTI		H AND MENTAL HYC	GIENE REG. N	2 0	00	1
may be page 3 er death		CEASED NAME FIRST OR PRINT)	w Ni	MM	Sali	wierz	20. DATE OF DEATH			26 HOURY
4 00	3. SE	, 0	4 RACE		5. DATE OF BIR	A	6 AGE (IN YEARS LAST BE			IF UNDER 24 HRS HOURS MIN.
ria Z	To. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH	AT COUNTRY?	В	NEVER MARRIED DIVORCED	Harford		OF DEATH	MD.
by the led will	10.CI	TY OR TOWN OF DEATH		SPITAL, NURSIN	IG HOME OR OT	HER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST			BUSINESS OR
24 hou	USU/ 13a S	AL RESIDENCE IF WASING HOME TATE 136 CO	OR OTHER INSTITUTION GIV UNITY 13	ERESIDENCE BEFOR C. CITY OR TOW	'N 13d. I	INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	LE RD.	000
mpletely front on d 2 sho	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST	15. A	MOTHER'S MAIDEN NA	WIGDLE		LAST	
e execution of the second of t		VAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	050_18		HARFORD	ADDR MEMORIAL		тат.	
recriticate be executing physician and carbon papers. Pages or removal.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per lin			Cancer)			NATE INTERVAL NSET AND DEATH
0000		Conditions, if pny, which		s a conseou	ENCE OF HE	patomo	0.			
that the death ce and by the attendin lease remove carb iol, cremation, ar i		gave rise to immediate couse (D), stating the underlying cause last.	DUE TO, OR A	s a conseou	ENCE OF OB	structure	jaundie	e		
requires the	N O	PART 2 OTHERS GNIFICAN	TOURDITIONS CON	TRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERM	AINAL DISEASE OR COI	NDITION GIVI	EN IN PART 110	
Priory ony	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH	OPERTION WA	AS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING YING CAUSES (
3 PHYSICIAN: The Internation physicion. The this certificate has the burial-stransis per and Mental Hygiene and Mental Hygiene ked or them 18 shows		2)g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH	MONTH D		HOW INJURY OCCUR	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 P	ART I OR PART 2)	
DING PHYSI or attending After this ce os the buri ofith and Mee	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE	211	LOCATION	CITY OR I	OWN	COUNTY	STATE
O D A S D E		22a.1 certify that (1) (this ha saw the deceased alive abave, (1) (we) (did) (did	an	19_		it in (my) (aur) apinian	death occurred an the			hat (It (we) lost auses stated
OR A boss ched Ched Dept.		22b. SIGNATURE	nati view the bady at	Jo_	U. DEGR	ATTENDING PHYSICIAN	MEDICAL STA	AFF	ZZ DATES	3/87
HOSPIII Ined b FUNE VId be VId be NoRTAN		224. PHYSICIAN'S NAME (TYP	E OR PRINT)	1		ADDRESS			1	1
BP		BURIAL, CREMATION, REMOV (SPECIFY)		- 1	NAME OF CEMET	ERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR	NATOMY B	ADDRESS		25e. DA	TE REC'D. BY REGISTRA	R 256 REGIST	RAR'S SIGNATU	JRE

This Davidson Rando



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME "Willard John Sampson 20. DATE KNOWN M Th HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED DAYS HOURS Mar. 20.1916 DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRYS MARRIED Maryland WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVESTREET ADDRESS) Equipment Opr. Construction 13a. STATE 13d INSIDE CITY LIMITS? 4 13e STREET ADDRE 21009 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Rebecca Wesley John Curry Samoson 160. WAS DECEASED EVER IN U.S. ARMED FORCES **ADDRESS** Abingdon, Md. 21009 (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Sampson, Abingdon Road 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under DIVISION OF VITAL RECORDS, 201 W. DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO MENT OF HEALTH A CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO T TO MEDICAL EXAMINER: THIS CERTIFICATE SE EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE A SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD AFFENDEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BUI 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN STATE WHILE AT WORK COUNTY 220. I certify that I took charge of the remains described obave, held an Autopsy Inspection and in my apinion death resulted from: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) EXAMINER'S NAME (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial -14 - 87Carrison Forest Md. Vet. Com. BP. Owings Mills Balto 07/84 25M 24 FUNERAL DIRECTOR DHMH - 17 Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5))



Julian Lamb Scott July 27, 1987 J. SEX ARCE White Male ARCE MALE ARCE MALE ARCE MALE ARCE MALE ARCE MALE MALE ARCE MALE ARCE MALE ARCE MALE MALE ARCE MALE MALE ARCE MALE ARCE MALE MALE ARCE MALE MALE ARCE MALE ARCE MALE MALE ARCE MALE ARCE MALE ARCE MALE MALE MARRIED MA	4 2 AUG -5 1	PT FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	0000
MARIED White		YRE OR BRIDGE		Scott		10 110 OK
The Birthfrace Claim along the Country of Death Warring in a USA Warring in a Children of What Country in ginia USA Warring in a USA Warring i	s after d			MONEH , , DAY YEAR	75	
16 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170 OR TOWN OF DEATH 170	nerol din	COUNTRY		MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
136 STATE 136 COUNTY 136 MISSING CITY (MISS) 2301 Knoll Court 2 2 2 2 2 2 2 2 2	by the	Fallston	Fallston Gene	eral Hospital	(TYPE OF WORK FOR MOST OF WORKING	
THE THILD AND THE PART I DEATH WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 186 WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS OF INFORMA	13	la STATE 13b CC	UNITY 13c. CITY OR TOW	VN 136. INSIDE CITY LIMITS?	0.000 1 22	
THE COURT OF DEATH (Enter only one couse pagine for 101, 10), and iccidentally and the couse pagine for 101, 10), and iccidentally and the couse pagine for 101, 10), and iccidentally and the couse pagine for 101, 10), and iccidentally and the couse pagine for 101, 10), and iccidentally and the couse pagine for 101, and iccidentally and the couse pagine for 101, and iccidentally	120		Scott Scott			Lamb
18 CAUSE OF DEATH KENER only one couse per line for 10 t, (b), and (c) PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PAR	S E	WAS DECEASED EVER IN U.S. (YES NO OF UNKNOWN) YES YES PER	ARMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES! 212-18-			as #13
OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY TEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 12le PLACE OF INJURY (AT HOME. STREET FACTORY OFFICE, FARM. ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY AT HOME. STREET FACTORY OFFICE, FARM. ETC.) 22e. I certify that (1) (this hospital) are added the deceased from saw the deceased of the day offer death. 22e. SIGNAFURE 22e. DATE SIGN 22e. ADDRESS 23e. RURIAL CREMATION REMOVAL 12th DATE 23e. NAME OF CEMETERY OR CREMATORY 23d. RURIAL CREMATION REMOVAL 12th DATE 23d. RURIAL CREMATION REMO	y, ar	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERA	200 AUTOPSY? 20b IF Y	'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
White Not white 1 work of the deceased from 19 with the deceased from		OR CONTRIBUTION CALLES OF	DEATH HOUR A.M. MONTH D	AY YEAR		
Sow the discessed of the body offer death. DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIA	the the ced	AT WORK	(AT HOME STREET FACTORY OFFICE		CITY OR TOWN	COUNTY STATE
BUNEATE, STUTEN M.D., Suite 506 120 Shorts field M. 2	oched for us	saw the occased algorithms above (I) (we) (did) (gid	67 JULY 19_	DEGREE ATTENDING	MEDICAL STAFF	aur and from the causes stated 222 DATE SIGNED
1236 BURIAL CREMATION REMOVAL 1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION	o FUNERA hauld be do with the Star	PUNENT	PE OR PRINTS PS, Sturrer M.	22a ADDRESS		erry M. 21204
	23				23d LOCATION CITY OF TOWN ETV Baltimore.	AATCO., Md.
H. 16 60M 7784 NORA 15.4) 124 FUNERAL DIRECTOR AME 1250 DATE REC'D. BY REGISTRAR'S SIGNATURE AME 10784 15.4) 1250 DATE REC'D. BY REGISTRAR'S SIGNATURE AME 1087 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24	FUNERAL DIRECTOR	237 E. Pata	absco Ave. 250 DA	TE REC'D. BY REGISTRAR 256 REG	

15000 1

DHMH - 16 60M 7/B4

(VRA 15, 4)

- STATE

REGISTRAR

STATE DECK Burial July 7,1987 Southern Cemetery Dublin 74. FUNERAL DIRECTOR 750 DATE REC'D. BY REGISTRARI256 REGISTRAR'S SIGNATURE Howard K. McComas III, Abingdon, Md. 21009 Suria Devidson

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL

Hair Salon

IF UNDER I YEAR

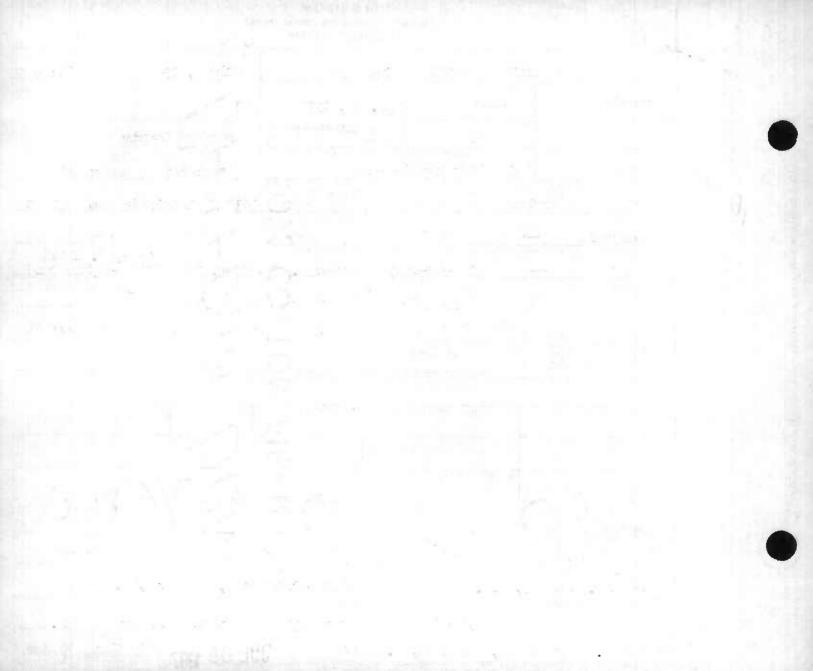
INDUSTRY

COUNTY

22. DATE SIGNED

7-5-87

10:00 RM



(VRA 15, 4)

163 AUG -7	קא	FOR STATE REGISTRAR			DEPART		IEALTH AND MENT.		NE / DEG N	20	0 0	0
, 00		CEASED NAME	FIRST		MIDDLE		LAST	1	e. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
by be a death	TYPE	OR PRINT)	CHARL	ES	.T	SHEE	T7		JULY 31, 1	987		12:20AM
o p	3 SE	×	014110	4 RACE		S. DATE C	OF BIRTH	6	. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
rs off		Male		Whit	ce	0°C T	ober°^9,191	[**)	77	YRS.	AONTHS DAYS	HOURS MIN.
hoo		RTHPLACE (STATE			WHAT COUNTRY?	8	D NEVER MARRI	ED XX 9	BALTIMORE CITY	R COUNTY		
0 6	F	ennsylva	nia	U. S	S.A.	WIDOW			Harford	County	1 3	MD.
135	10. C	TY OR TOWN OF E	EATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	ON I	20. USUAL OCCUPAT	ION .		OF BUSINESS OR
Thou)	PE	RRY POINT	, MD		ICAL CENT			1	Driver	DE MORKING THE	Truc	king
+ pe	U5U.	AL RESIDENCE IF N	URSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSIONI)	113d. INSIDE CITY LIA	MITS2 11	3e. STREET ADDRESS	Fd	dewood	MD
E	Ма	ryland	Ha r	ford	Edge woo	ď	YES NO		1909 Chinn			
40	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID				LAS	
å/)	1	Walter Ch			LASI		Gertri	ide F	lizabeth S	n vder	LAS	,1
9 7	16a V	VAS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17. HAFORMAINT		ADDIK	200		_
medi	(Yes, NO OR UNKNOWN)		A 2	179-30-	4430	Emma E. B	Burma	n 1909 Chi	pper D	r. Edg	ewood,MD
		18. CAUSE OF DE	ATH (Enter or	ly ane cause per	r line for (a), (b), an						BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH	WAS CAUSE	D BY: [E CAUSE (a)			'IBRILLATIC	ON				
0100					R AS A CONSEQU	ENCE OF						
2 S		Canditians, if o					IC HEART I	DISEA	SE			
Ť.		gove rise to couse (a), sto	ating the	DUE TO, O	R AS A CONSEQU	ENCE OF		BEN	IGN PROSTA	TIC		
000		underlying cor	use last.	1			T FATLURE					
njury.'o	z	PART 2. OTHER S	IGNIFICANT (CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	I AL DISEASE OR CON	DITION GIVE	N IN PART 10	a
3	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED)	20e AUTOPSY?	IN CERTIF	, WERE FINDIN	OF DEATH?
(\$\infty\)	E .	21a, ACCIDENT WAS	INDERIVING F	7 216 TIME C	AF INTITIPY		Tale HOW IN HIRV	OCCUPPE	YES NO D		5 -	NO 🗆
3		OR CONTRIBUTING	CAUSE OF DE	TH HOUR A	M. MONTH D		111111111111111111111111111111111111111	OCCORNE	CEMIER MATORE OF INJU	IRT PATIENTIA TO TA	INT I OK PART 27	
1/	MEDICAL	(IF EITHER, NOTIFY M			.M. OF INJURY	19	211. LOCATION					
0 0	W.E.	WHILE NOT	WHILE [REET FACTORY, OFFICE	FARM ETC 1	STREET		CITY OR TO	NWN	COUNTY	STATE
200			WORK	4-1) -444-4 41	a decreed from	Taraan	F 10	07	to JULY 3	1	19.87	ab 430 () ()
3		saw the dece	ased alive an	ПП.У	ne deceased fram_ 1919	87	nd that in (mover(our)	87	ath accurred on the d			that 201 (we) lost
1 5	1	above XX we) (did) XIM X	X view the bady	after death.		DEGREE				22c. DATE	
ž.		7/1	12	, /	THERE	n 1	ATTENI		MEDICAL STA		1/2	31-81
3-7	1	22d. PHYSICIAN'S	NAME ITYPE	10 R	10000	1 10	PHYSIC	CIAN L	DIRECTOR PHYSI	CIANLY	1/75	3/T-8//
TATA T	ı						114 ADDRESS					
ž/	<u> </u>			ON, M.D					NTER, PERR	Y POIN	T, MD.	
		SURIAL, CREMATIO	n, removal mation				EMETERY OR CREMA		23d LOCATION CITY OR TOWN		COUNTY	STATE
_	24 5	JNERAL DIRECTOR				tur I t	y rrocess,	, Inc	Baltimor	e Co	MD.	TUDE
1/81	71	1 0 Dal 4.2	א א א דע	er runer	al Home,	inc.	_	ALIG	REC'D BY REGISTRAF		Derdon	
1		.10 Belaii	r koad	Ba I T 11	iore, MD	5150	0	.7100	0 0 130			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 28. DATE KNOWN X MONTH 75 HOUR (TYPE OR PRINT) ESTI-DEATH MATED AT AN Richard SINES 19 87 4. RACE IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS 2c DATE 2d HOUR LAST BIRTHDAY) 2:30 AM PRONOUNCED Male White 19 87 July 22, 1960 DEAD 26 YRS BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED Harford County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Bel Air I-95 at Rt. 24 Road Worker Construction WUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) In STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Md. Garrett 0akland Rt. #5, Box 189 YES 🗌 NO X 21550 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Richard Eugene Sines Helen Catherine Whitacre 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO Yes 1979-8 217-76-6695 Richard E. Sines, See #13 above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Multiple injuries Sudden DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL! 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21e EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH XXX 7-8-19 87 Pedestrian struck by auto. 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC 1 WHILE AT WORK CITY OR TOWN STATE I-95 at Rt. 24 Harford MD road Autapsy X 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion Hamicide Undetermined monner Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 7-8-87 Mario F. Golle, Jr., M.D. 111 Penn St., Balto., MD 21201 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATOR) burial 7/11/87 Garrett Co. Mem. Gardens Oakland, Garrett, Maryland 07/84 BP 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Lea Dendern-Kan Bradley A. Stewart Oakland, Maryland 21550 (VR A15 ME (5))

	1			STATE OF MARYLAND		
1	1	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE	0000
LO UN AT	97	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
4 3 400		CEASED NAME FIRST	MIDDLE	C IAST	20. DATE OF DEATH MON	TH DAY YEAR 2h. HOUR
5 5		111111		Dommerville		1001000
4	3. 5E	* Frank	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIR
an and an		TE MALE	WHITE	JAN. 14, 1898	0/	YRS
12 782	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	19 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
1000	n	1851 VIICGINIA	U.S. A.	WIDOWED DIVORCED	Martora	CO,
180	10. 6	Tallston	HE NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12b. KIND OF BUSINESS (INDUSTRY
14 AC	USU 13a. :	STATE 13b. COU	NTY 131, CITY OR TO	WH 138. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIF	CODE JOPPA,
	14.5	1112. 144	KFOIY SOFF	YES NO D	352 ANC	HOK DRIVE 3
12/67	14. 14	ATHER'S NAME	MIDDLE LAST.	15. MOTHER'S MAIDEN NA	ME MIDDLE	D 1987 - D
1000		EUWARD	1110KG1	AN MAKIN	1/1	BAICKEL
p 6 dy /		WAS DECEASED EVER IN U.S. AI YES, NO OR UNIMOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	- >)5
00 1		NO	2 17-28	-1038	m14/ ft	COPUI
1 245 4		18 CAUSE OF DEATH (Enter a	nly ane cause per line far (a), (b),	and (q)	_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
18 1 E		PART I. DEATH WAS CAUSI	ED BY: (TE CAUSE (a)	Llund	2 '	
E-12 (42)		IN THE DIA		The state of the s	_	
		Conditions, if any, which	DUE TO, OR AS A CONSEO	UENCE OF		
1000		gave rise to immediate	(b)			
t cas		couse (o), stating the underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF		
o cielo	-	DANTO OTHER CLOUDED AND	(c)	205		
Part of the last	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART Tra
100	AT10	98. DATE OF OPERATION	19h CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	20a AUTOPSY? 201	1. IF YES, WERE FINDINGS USED
7 6 6 8	CERTIFICAT	198. DATE OF OFERATION	170. CONDITION TOK WITH	THOPERATION WAS FERFORMED	IN.	CERTIFYING CAUSES OF DEATH?
the die	SRTI	71a. ACCIDENT WAS UNDERLYING "F	216. TIME OF INJURY	Tal- HOW MINING COUR	YES NO	YES NO
The Bitter		OR CONTRIBUTING CAUSE OF DE			RED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 2)
2 6 6 6 1 /	CA	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19		
Fr feb #	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION STREET	CITY OR TOWN	COUNTY
DE \$4.5 %	-	NOT WHILE AT WORK				
0 4 5 0 E		22a. I certify that (I) (this hosp	ortal attended the deceased from	19 8	, ta	19 8), that (II (we)
2 4 2 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5		saw the deceased alive or	n () 19.		death accurred an the date a	nd haur and fram the couses stated
A Page		22b. SIGNATURE	of view the body ofter death.	DEGREE		22¢ DATE SIGNED
0 2 0 50 4			111	M D ATTENDING	MEDICAL STAFF	
HOSPITAL med by th FUNERAL wid be den the Stuta		22d. PHYSICIAN'S NAME TYPE	1		DIRECTOR PHYSICIAN	U
FUNER FUNER Life be s off TAN		2112	Va- Louis	270 ADDRESS	-11)	7 1000
1 0 d d d d		212110	Court	/		01091
2 - 51 51	23a 1	CREMINEN DEMOVAL	1 23b. DATE 236	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	D'OUNEY CLASE
BP	13	URIAL	01-15-19871	HOLLY HILL CET	n. MIDDLEKI	VEK BALTO.CO.
14 4044 7/0	24 F	UNERAL DIRECTOR	011 20 01	350.10A	TE, REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATOR
MH - 16 60M 7/84 (VRA 15. 4)	7	VITAIS CHAI	BL OF CADDRES	DES TIMONIUM	1 0 1901	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN PE OR PRINT OF ESTA-DEATH MATED 6. AGE (IN YEARS DATE OF BIRTH IF UNDER 24 HRS. DATE LAST BIRTHD AY) RONOUNCED DEAD BIRTHPLACE (STATE OR BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY) WIDOWED DIVORCED OWN OF DEATH OCCUPATION (TYPE OF WORK 176. KIND OF BUSINESS II NAME HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 9 13a. STATE 13d INSIDE CITY LIMITS 14. FATHER'S NAME 60. WAS DECEASED EVER IN U.S. UNKNOWN (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line fag (o), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A FIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BATTIMORE, MARYLAND, 21201 PAGOR TO BURIAL, CREM CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO [710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK AT WORK COUNTY 22a. I certify that I took charge of the remains described above, held on Autapsy Inspection and in my opinian deoth resulted from: Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY ACTUAL DATE MEDICAL EXAMINER SIGNED EXAMINER'S NAME (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY 07/B4 25M 24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5))

The state of the s

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or offending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

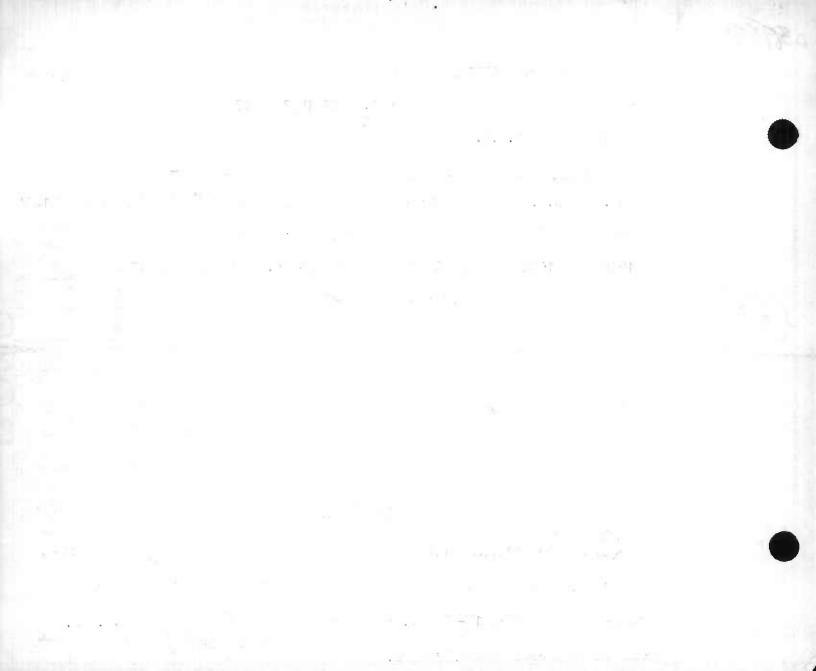
061606

STA	TE	OF	M	ARYL	AND
 	440			A 910	

AUG	1	A TATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH									
		REGISTRAR					13	REG. NO.	UU	, , 0		
	I. DE	CEASED NAME FIRST		MIDDLE	-	AST	2a DATE	OF DEATH MONTH	DAY YEAR	28 110 OK		
		Erm	a	J,	a	rbert		7	30 8	1 3:30 AM		
	3 SE	X	4. RACE		5 DATE C		6 AGE (N YEARS LAST BIRTHDAY)	IF UNDER 1 YE			
		F	W	hite	M8NT	T'4 Ö'i	85	YR	MONINS: DA	HOURS MIN.		
31		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIA	ORE CITY OR COUN	TY OF DEATH	1		
0		arvland	US	A	WIDOWE		1	Harson	1 (00	NTV MD		
200	10 C	ITY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	12a USUA	LOCCUPATION	12b. KIN	D OF BUSINESS OR		
0	-	avre de Grace	/ 10/	CHEACHITY, GIVE STREET	JUSIN	6 Home	HO	memaker	G LIFE) INDUST	RY		
70		AL RESIDENCE (IF NURSING HOME CO		131 CITY OR TOW	1101111001011	13d INSIDE CITY LIMITS?	13e STREE	T ADDRESS / ZIP CO	ODF	5		
5			ford	TT GI	ace	YES NO	608	Washington	n St.	21078		
100		ATHER'S NAME		TZAJ		15 MOTHER'S MAIDEN NA		MIDDLE		4		
2/1		James	WIDDLE	Worth	1	Annie		R.	Bra	adford		
7		WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMANT		ADDRESS				
1	(YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	212-32-	.0326	John Tarb	ert	4145 We	bster/L	apidum Rd		
1	-				-	O O O O O O O O O O O O O O O O O O O	1	Havre III	APPI	MD 21078		
, tu		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	Ting or the day on	V.	o-topo of	1-	· /	BETWE	EN ONSET AND DEATH		
Ceve		IMMEDIA	TE CAUSE (0)	orges	-uu-	roans -	700	me				
		The state of the s	DUE 10, 0	142009	YSSE.	errie						
		Conditions, if ony, which gave rise to immediate	(16)_	10	-	2	-	1				
5	b	couse (o), stoting the	DUE TO .	Cetaring	nach	main,	my	racon	2			
F	1	underlying cause lost.	10_			•						
		PART 2 OTHER SIGNIFICANT	conditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISE	ASE OR CONDITION	GIVEN IN PART	l lia		
0	CERTIFICATION											
9	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AL		YES, WERE FIN	DINGS USED SES OF DEATH?		
1	TE	X					YES [YES [NO 🗌		
0	CER	21a. ACCIDENT WAS UNDERLYING	1100110 1	OF INJURY	AV VEAD	21c HOW INJURY OCCUR	RED (ENTER	NATURE OF INJURY IN ITEM	18 PART I OR PART	2)		
7	AL	OR CONTRIBUTING CAUSE OF DE	AIR	.M. MONTH B	19							
i.	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION		CITY OR TOWN	COUNTY	STATE		
0	X	WHILE NOT WHILE	(AT HOME ST	REET FACTORY OFFICE F	ARM	STREET		CHITOKIOWN	0	SIAIE		
DO NEG		22a I certify that (I) (this hosp	utol) ottended t	deceased from_	Ja	4-1986	to	7/30	18	that (we) lost		
2		sow the deceased alive a		30 19	000	nd that in (my) (our) opinion	deoth occu	rred on the date and	hour and Irom			
E		22b SIGNATURE	of siew the body	ofter feath.	2/	DEGREE			122. D	ATE/SIGNED /		
±		La Pi	. 0	<i>U</i>		ATTENDING /	MEDICA	AL STAFF	22.07	120/1-		
ž		John	co	jung	-	PHYSICIAN	DIRECTO	DR PHYSICIAN		130/01		
[/		126 PHYSICIAN'S NAME (1991	D.	1/11	/	22e ADDVES	0	12.		1 . 6		
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		Jou	NI	yun	/	Hain	ld	grow	101	40		
≥ 7		BURIAL, CREMATION, REMOVA	L 23b. DATE	The 1	NAME OF C	EMETERY OR CREMATORY	23d LO	CAT	12 (24.4.2.4	STATE		
	73	urial,	8/1	/87 Gr	OVE	Presb. Cem.	Ah	erdeen	Harfor	1		
7.01	24. F	urial Dyseal placefor arring Funer	- , <u>J.</u> .	141	210	01 3300 250 DAI	E REC'D. B	Y REGISTRAR 256. REC	SISTRAR'S SIGN	VATURE		
7/84	T	arring Funer	al Hom	e, PA, Abe	erđee	m, Md.	110 6	1000				
	Mar	The second secon					Lla a	1007	4	A		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH J REGISTRAR 1. DECEASED NAME 2a. DATE OF DEATH 26 HOUR poge 3 or deoth LITYPE OR PRINTI JUNE JONat 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 MONTH YRS BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) 14arlor WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) NOT IN SUCH FACILITY, GIVE STREET ADDRESS, INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS, / ZIP CODE 21001 tar 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE EL52 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) (YES, NO OR UNKNOWN) YELEZ AME APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 1xxes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o), stoting underlying cause ONTRIBUTING TO H BUT NOT RELATED TO THE VERMINAL DISEASE OR CONDITION GIVEN IN PART ITA CERTIFICATION 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED CITY OF TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from 6/20 the deceased alive an_ and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated (1) (we) (did) (did not view the body ofter death MINATE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 236. DATE PECIFY BURIAL 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

59594	1	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL	HYGIENE REG.	NO.2 C	0 /	12	
		CEASED NAME FIRST		MIDDLE	l.	AST	2a DATE OF DEATH	MONTH [DAY YEAR	2b. HOUR	
moy be poge 3 er death	(TYPE	Char	les Wil	liam	Whit		July 12	, 1987		11:20PM	
i i i	3. SE	X	4 RACE		5. DATE C						
ge A		MALE	В		OCT	23 1923	63		HOURS MIN.		
nerol direction 72 hours		RTHPLACE (STATE OR FOREIGN VA	76 CITIZEN OF		MARRIE WIDOWE		THEROUP	OR COUNTY	COUNTY OF DEATH		
A with the fu		TY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, N CHEACILITY, GIVE	URSING HOME O	R OTHER INSTITUTION	(TYPE OF WORK FOR MOS	T OF WORKING LIF	176. KIND C INDUSTRY	F BUSINESS OR	
20 cs		rry Point Md.		lical C			RETIRED	الليانا -	dill		
AND 21	13a S	STATE 13b CO	UNTY	13c. CITY OR	RILLS	13d INSIDE CITY LIMIT	396 AUTU	S / ZIP CODE MN VALI	EY LAN	E 21054	
tate be executed within 24 hours whition and completely filled in by opers. Pages 1100g 2 should be fill the medical examine must be re	14. FA	THER'S NAME ROBERT VIII	MIDDLE	LAS	ī	ESTELLE H			LAS	Τ,	
ORE, vecut and co		VAS DECEASED EVER IN U.S.		166 SOCIAL	SECURITY NO.	17 INFORMANT	ADD	DRESS			
No		YES, NO OR UNKNOWN) (IF YES, 1	972	578 22	2 4295	BEATRICE	F. WHITE SAM	E AS 13	E		
ST., BALT miskate b physicio on poppers emandi.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	only one couse pe SED 8Y: ATE CAUSE (a)		IRATORY	ARREST			BETWEEN	MATE INTERVAL ONSET AND DEATH	
NOTE TO STON		Canditions, if any, which	DUE TO, C	R AS A CONS	SEQUENCE OF						
her in the case regime of control of the case regime of control of		gove rise to immediate cause (a), stating the underlying cause last)	R AS A CONS	SEQUENCE OF						
RDS, 20 equires the plan in turbus, o	NOI	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CO)NDITION GIV	EN IN PART 10	0	
A RECO	CERTIFICATION	190 DATE OF OPERATION	196 COND	OITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	NGS USED OF DEATH?	
DIVISION OF VITAL RECORDS, NG PHYSELIAN. The law requir attending physician. We bursel-trong permit. Then no the bursel-trong permit. Then th and Mental Hygiere prior to b orked or then 18 shows ony minn.	_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	SEATH HOUR A	OF INJURY I.M. MONTH I.M.	H DAY YEAR	21c. HOW INJURY O	CCURRED (ENTER NATURE OF IT	NJURY IN ITEM 18 P	ART 1 OR PART 2)		
WISION WG PHYS of the to the the to the and Mu	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY O	OFFICE FARM, ETC.)	21 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	
ATTENDS CTOR, All CTOR, All for use of of Health		220.1 certify that X) (this has sow the deceosed alive abave, X) (we) (did) XX	pital) attended to	he deceased f	ram June 19 87 , ar	12 , 19 d that in (XX (aur) ap	87 to July inion death accurred on the			that (X (we) last causes stated	
At OR A Ost		22b. SIGNATURE	n. Mill			DEGREE ATTENDII PHYSICI	NG MEDICAL S AN DIRECTOR PHY	TAFF SICIAN	22c DATE	SIGNED	
O HOSPITAL TO FUNERAL TO FUNERAL INDUSTRIAL MINISTRIAL		KEVIN M. MI		D.		VA MEDICAL	CENTER, PER	RY POI	NT, MD.		
BP	23o I	BURIAL, CREMATION, REMOVA	JULY	17-37	MD. VET	EMETERY OR CREMATO	ORY 234 LOCATION	VILE	COUNTY	STATE	
		UNERAL DIRECTOR					JULE 95 1987	AR 20 REGIST	AR SSIGN	URE A	
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME	TT A		PRESS		JOL 19 1881	Julia d	herans.		
(+00 10, 4)		Hicks Funeral	nome, An	napoli	s. Md.						



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH I DECEASED NAME YEAR 26 HOUR (TYPE OR PRINT) JOHN. 1987 7:0 poge IF UNDER I YEAR 3 SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY FUNDER 24 HRS MONTH Male White 1907 Jan. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED New York U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE Rhiengold Laborer GIVE RESIDENCE BEFORE ADMISSION Bottling Co. 13o. STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Rising Sun Maryland Ceci] NO [10 Cross Kevs Road 21911 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Ruth Jack White Hawley ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) W.W. II Josephine R. White Rising Sun, Md. 21911 099-05-4826 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY 7700 IMMEDIATE CAUSE to DUE TO GRAS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OF FRATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX YES [NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY 50 CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from_ sow in deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 22e ADDPESS ld b 0 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE (SPECIFY) Pinelawn Mem. Park Long Island Burial July 16,198 Queens BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15. 4)